



# University of Chester



**This work has been submitted to ChesterRep – the University of Chester's  
online research repository**

**<http://chesterrep.openrepository.com>**

Author(s): Lyndsey Pamela Smith

Title: The impact of keeping the secret of childhood sexual abuse: A qualitative  
research study

Date: September 2011

Originally published as: University of Chester MA dissertation

Example citation: Smith, L. P. (2011). *The impact of keeping the secret of childhood  
sexual abuse: A qualitative research study*. (Unpublished master's thesis).  
University of Chester, United Kingdom.

Version of item: Submitted version

Available at: <http://hdl.handle.net/10034/254079>

# The Impact of Keeping the Secret of Childhood Sexual Abuse

A Qualitative Research Study

Lyndsey Pamela Smith

Dissertation submitted to the University of Chester for the Degree of Master of Arts  
(Counselling Studies) in part fulfilment of the Modular Programme in Counselling Studies.

September 2011

## Abstract

This is a small scale qualitative research study exploring the impact of keeping the secret of childhood sexual abuse. Five qualified counsellors who had experienced sexual abuse in their childhood explore the impact of keeping their secret. The data were collected using semi-structured interviews and four of the participants produced creative illustrations relating to the impact of keeping their secret. The data were analysed using an inductive approach, the constant comparative method, as described by Glaser and Strauss (1967).

The findings of the study indicate that the impact of keeping the secret is difficult to separate from the impact of abuse. However threats to ensure silence, children's difficulty in using their voice, negative impact on relationships, loss of sense of self and seeing self as 'different', Post Traumatic Stress Disorder symptoms and withdrawing behaviour appeared to be more closely related to the impact of keeping the secret. Potential areas for further research are also indicated.

## Declaration

I declare that this work is original and has not been submitted previously in support of any qualification or course.

Signed:

Name: Lyndsey Pamela Smith

Date:

# Acknowledgements

I would like to give acknowledges to:

Ben, Bernadette, Cathy, Gina and Jade my five participants (pseudonyms but you know who you are). I am so grateful to you all for giving so much of yourselves and being brave enough to share the impact of your secret. You are all amazing individuals and have shown great courage.

My heartfelt thanks to Dr Rita Mintz. You have always been so supportive and encouraging of me. I thank you from the bottom of my heart Rita for giving me this chance to achieve my potential academically and being part of making my unbelievable dream come true.

My sincere thanks to Anne Le Surf, as my dissertation supervisor you have challenged me so that I could achieve and I am so grateful for your expertise in this sensitive subject. You have supported me every step of the way. Thank you for your honesty and ongoing support.

A massive thank you to Ruth Lafferty, as my learning support tutor. I can not thank you enough for your patience, understanding, teaching, believing in me and never once giving up on me. Not only have you wanted the best outcomes for me, but you have given so much of your own time and I will always be grateful to you.

My warm thanks to Nuala Coulston and Dinah Brown who have inspired me to work with expressive arts in therapy and I was able to incorporate creativity into this dissertation. I have learnt so much personally and professionally. What a gift you both have been to me.

Many thanks are given to my family who have always supported me in whatever I do.

Last but not least I acknowledge my good friends Barbara Duffy, Sharon Brimfield-Edwards, Karen Elliott, Pauline Floance, Joan McArdle and Tracey Roberts. Thank you all for your friendship, support and encouragement.

## List of abbreviations

BACP: British Association for Counselling and Psychotherapy

CSA: Childhood Sexual Abuse

NSPCC: National Society for the Prevention of Cruelty to Children

PTSD: Post Traumatic Stress Disorder

# Contents

## Page Number

### Chapter 1: Introduction

1.1: Background	1
1.2: Aims and Rationale	2

### Chapter 2: Literature Review

2.1: Introduction and Search Strategy	5
2.2: Historical Perspective of Childhood Sexual Abuse	5
2.3: Cultural Practices	8
2.4: Definition and Impact of Sexual Abuse	8
2.5: Disclosure of Childhood Sexual Abuse	9
2.6: Secrecy of Childhood Sexual Abuse	12
2.7: Conclusion	19

### Chapter 3: Methodology

3.1: Research Design	20
3.2: Sample	21
3.3: Data Collection	23
3.4: Data Analysis	24
3.5: Ethical Issues	27
3.6: Validity/Trustworthiness	29
3.7: Limitations	31

### Chapter 4: Outcomes

Presentation of the Data	33
--------------------------	----

### Chapter 5: Discussion

Discussion of the Outcomes	47
----------------------------	----

### Chapter 6: Conclusion

References	74
------------	----

## Appendices: 1-25

1. NSPCC (2007) statistics illustrating disclosure of sexual abuse in children.
2. NSPCC (2007) statistics illustrating patterns of family relationship of perpetrators to sexually abused children in UK.
3. NSPCC (2007) statistics illustrating patterns of outside family relationship of perpetrators to sexually abused children in UK.
4. Anderson, Martin, Mullen, Romans and Herbison's (1993) study illustrating pattern of disclosure across time in women who have been abused as children.
5. Anderson, Martin, Mullen, Romans and Herbison's (1993) study illustrating reasons for nondisclosure.
6. The impact of keeping the secret of childhood sexual abuse poster to advertise for participants.
7. Information letter for interested participants.
8. Inclusion criteria for being a participant.
9. Consent form for audio recording of the interview.
10. Questionnaire.
11. Questions for interview.
12. Discovery sheet. 112 units of meaning that came out of the five transcripts.
13. Photo of discovery sheet showing units of meaning.
14. Inductive category coding. Thirty inductive categories were identified by using a rule of inclusion which contain similar units of meaning within the data.
15. Overview of the 112 units of meaning placed within the thirty inductive categories.
16. Fourteen provisional propositional statements.
17. Overview of the categories of data under fourteen provisional propositions.
18. Eight provisional propositional statements.
19. Overview of the categories of data under eight provisional propositions.
20. Photo showing a small section of data under provisional propositional statements.
21. Four propositional statements.
22. Four propositional statements with sub-headings.



23. Overview of the categories of data under the four propositions.
24. Photo showing a small section of data of the four propositional statements.
25. All the quotes from the participants' transcripts that were placed under proposition 1.

# Chapter 1: Introduction

## 1.1: Background

*“Nothing weighs on us so heavily as a secret”*

(Jean de La Fontaine, 1621-1695)

Have you ever had to keep a secret as a child such as a party surprise that you wanted to tell but knew you could not? Think for a moment and imagine what it would be like for a child who has been sexually abused and told that they must keep it a secret. The child then grows up into an adult still keeping that secret and lives a lifetime being silent about it. Nearly every aspect of their life is affected because they cannot truly be themselves.

*“Try to get inside a child’s experience;... what if the person who should provide comfort is the one who frightens you most;... when that happens, your small world becomes senseless; there is no one to tell: your potential protector has become your actual abuser. As a child you have no way of understanding any of that. You are left struggling to make sense of the senseless, when you are already hurt and utterly betrayed. Additionally your abuser probably blames you or threatens you. You are left feeling insignificant, bad, frightened and alone, with precious little self esteem. Life is dangerous. There is no comfort. Fears are intensified, and anxieties justified... In these circumstances the question ‘why didn’t they tell someone’ is shown up as naïve and devoid of understanding. How can abused children tell or trust anyone else?” (Walker, 1992, p 95).*

This is such a taboo subject and I have noticed in previous reading how little research, information and therefore clinical guidance there is about the subject of keeping the secret of sexual abuse. From experience of working for several years as a counsellor with adults who have been sexually abused in childhood, I notice what clients say about keeping the secret as a separate difficulty and believe this is an important area in which to gain reliable information. I am aware

that making this issue explicit in this piece of work may provoke anxiety in the reader related to keeping the secret in terms of whatever they know about this subject. Undertaking this study has given me an opportunity to research this area in depth and fulfill a desire to learn how 'keeping the secret' impacts others. I feel honoured in undertaking this research and hearing how keeping the secret has impacted participants. McLeod (2003) claims the critical issue underpinning qualitative research concerns the depth of personal exploration and reflectivity undertaken by the researcher.

## 1.2: Aims and Rationale

This dissertation focuses on the impact of keeping the secret of childhood sexual abuse and how secrecy has impacted the child/adult. By using the image as my title page I want to draw attention to the subject and highlight the actual process of impact.

*“Abusers rarely need to use physical force to coerce children into sexual relationships; they can exert power in many other ways. Children are brought up to obey and respect adults and so all adults, especially relatives, have sufficient authority to make children do whatever they want. Adults and older children are also able to manipulate the child’s feelings and use threats and promises to gain access to the child’s body and to keep the child quiet.” (Ainscough and Toon, 2000, p52).*

I am looking at this study primarily from a practitioner/researcher perspective so that findings from the dissertation can stimulate thought and increase awareness by informing counselling practice in the field of abuse by acknowledging and increasing up to date information and provoking questions and recommendations for further research. I feel there is significant need for research in this area as the limited amount of data available is American and account needs to be taken of potential cultural differences. My hope is, that it has benefited my participants in enabling them to share their experience. It may aid survivors in seeing they are not alone, as

keeping a secret can be isolating. I also hope it supports the wider counseling profession by adding to a deeper understanding of working with the impact of sexual abuse.

My objective is to research the impact that keeping secrets of childhood sexual abuse (CSA) has had on the individual. This study includes an in depth literature review and a small scale (five participants) qualitative research study using a phenomenological method. This method fits my objective in focusing on understanding the meaning events have for participants. Qualitative research is more fluid and enables the researcher to get an in depth understanding. I have outlined the methodology I used to collect and analyse the data. I have paid particular attention to the ethical issues whilst carrying out research in this sensitive area. I have explored the areas of validity, trustworthiness and reliability within the methodology and given consideration to the possible sources of limitation to the study. Findings have been analysed and discussed showing the final outcomes for this study. Davies (2007) states qualitative research is incremental, its success depending on the researcher thinking clearly about the process being undertaken, sufficient prior reading and thoughtful planning. Effectiveness as an interviewer and analytical interpretive skills are cornerstones to this research.

My sample is purposive and participants are qualified counsellors who have experienced sexual abuse in their childhood and have worked through their related issues; they therefore have previously disclosed their secret even though they may still be keeping the secret from others. I have undertaken face to face semi-structured interviews and given participants an opportunity to bring a piece of creative material they have completed in the past or wanted to do prior to the interview to reflect on the meaning for them of keeping the secret. I was aware that this may provoke deeper meaning for some participants.

My rationale for using creative material is that it offers participants opportunity to communicate a different level of their experience of keeping the secret and it is their meaning, reflection and interpretation that is the focus. Throughout the interviews I have shown sensitivity and respected personal reflections. Blackstone, Given, Levy, McGinn, O'Neill and Palys (2008) suggest that research that integrates creative methods will produce creative outcomes, increase knowledge and more broadly add insight to understanding human process. I also feel it will help the reader to be able to grasp and understand as broadly as possible what it was like for these participants, and from a research point of view common themes may emerge in art work and be generalized to the phenomena of keeping a secret. Finally Dalzell (2010) suggests:

*“Counsellors often use and are taught using creative and imaginative techniques. Therefore, to encourage counsellors to conduct research and to think like researchers, emphasis ought to be given to more creative research methodologies, which can complement traditional approaches.”* (Dalzell, 2010, p51-52).

## Chapter 2: Literature Review

### 2.1: Introduction and Search Strategy

This literature review covers the various aspects of childhood sexual abuse (CSA) including the historical perspective dating back to the 20<sup>th</sup> century and cultural practices of India and the Middle East. The definition and impact of sexual abuse is explored and the findings reflect the review of the comprehensive study by Kendall-Tackett, Williams and Finkelhor (1993). I have included studies that focused on disclosure (Anderson, Martin, Mullen, Romans and Herbison, 1993, cited in Ullman, 2003 and McNulty and Wardle, 1994). My particular focus relates to secrecy, however there is little research available in this area but many theorists (Berliner and Conte, 1995; Jonzon and Lindblad, 2004; Alaggia, 2004; Draucker and Martsolf, 2008) identify features to maintain the child silence such as power, threats, fear and shame. I then move on to how secrecy impacts the child and why most remain silent until adulthood.

Literature was found by using a range of resources: books; journals and EBSCO host database including: [psycINFO](#), [psycARTICLES](#), [psycBOOKS](#) & [psychology and Behavioral Sciences Collection](#) and [SocINDEX with full text](#). Also Google Scholar, <http://sagepublications.com> and literature from courses I have attended in this subject area. Hart (2001) defines the purpose of a literature review as investigation of the usefulness of theoretical concepts to critique relevant issues or problems related to methodology. In doing so, new conclusions can be drawn or previous positions re-affirmed or updated.

### 2.2: Historical Perspective of Childhood Sexual Abuse

According to deMause (2002) an historical perspective viewed children as ‘poison containers’ in which adults project disowned parts of their psyche. During the fourth century children were sold

into sexual slavery and child brothels. Up to the thirteenth century, again there is evidence that children were sold to monasteries where they would experience violence through sexual and physical assault. Between the fourteenth and eighteenth centuries child molestation was protested against by church moralists and sexual abuse was brought into greater awareness. Sexual abuse is now called pedophilia (Sanderson, 2006).

Freud (1896) proposed his 'seduction theory' which he believed offered explanation for the problem of the origins of hysteria and obsessional neurosis. Accordingly, repressed memory of CSA predisposed the person to hysterical or obsessional symptoms. Freud abandoned this aspect of his theory, redefining memories of sexual abuse as imaginary fantasy. He did not publish his rationale for withdrawing the seduction theory, but did point to his developing thoughts in a letter to his confidant dated 1897. He wrote that in some psychoses, unconscious memories do break through into conscious awareness, so the secret of childhood experience is not disclosed even in the most confused delirium. In 1897 Freud's new theory of 'infantile sexuality' emerged. He believed the impulses, fantasies and conflicts experienced in adulthood were originally constructed in the mind of the child rather than, as he originally considered, a neurotic adaptation as a consequence of actual experience.

CSA was 're-discovered' by social scientist Kinsey (1940) cited in Alic (2001). He found that 30% of women reported having a sexual experience with an adult whilst still a child. Landis's (1956) study cited in Farber, Showers, Johnson, Joseph and Oshins (1984) identified that 30% of men reported having at least one sexual encounter with an adult whilst still a child. Of these encounters most were with a male adult. Despite these and similar studies denial of the existence of CSA continued in public awareness and in the professions. The woman's movement and establishment of Rape Crisis centres in the 1970's marked the beginning of serious attention to

the extent and significance of sexual abuse. In the early 1980s the UK collectively started to build awareness of CSA.

As public and professional feeling rose, psychodynamic and Freudian psychoanalytic approaches in social work practice were criticized for silencing and minimizing children and women who disclosed sexual abuse or assault (Driver and Droisen, 1989). Smart (2000) emphasizes that the concept that governing bodies, such as members of parliament, the legal and education systems, were not aware of or took action against sexual abuse until the 1980s is an injustice to campaigners. These campaigners pushed for further action even after the implementation of the Punishment of Incest Act in 1908 (Bailey and Blackburn 1979), campaigning to extend the definition of any adult-child sexual contact as harmful.

The National Society for the Prevention of Cruelty to Children (NSPCC) (1985/6) logged a 90% increase in reported incidents of CSA. In 1994, 6,000 children were added to child protection registers and this was reckoned to be a small percentage because many children do not disclose abuse. In 2006 the total added was 31,919. NSPCC (2007) state 11% of boys and 21% of girls under sixteen experienced sexual abuse and that most had experienced repeated sexual transgression. 72% of sexually abused children did not report the abuse at the time, 27% disclosed well after the abuse and 31% were still silent by early adulthood (see appendix 1). Perpetrators of sexual abuse constitute the following: brother or stepbrother (38%), father (23%), uncle (14%), stepfather (13%), cousin (8%), grandfather (6%) and mother (4%) (see appendix 2). Perpetrators outside the family constitute the following: boyfriend/girlfriend (70%), someone recently met (17%), fellow student/pupil (10%), friend of parents (6%), friend of sibling (6%). Less than 1% experienced abuse by a professional in positions of trust (see appendix 3) (Cawson, Wattam, Brooker and Kelly, 2000, for the NSPCC).



### 2.3: Cultural Practices

In some cultures incest is viewed as normal and routine. For example, in India children sleep in the family bed and are often 'borrowed' by members of the extended family, supporting the proverb: 'for a girl to be a virgin at ten years old, she must have neither brother, cousin or father'. Child marriages in rural India are frequently normalized. The process of selling a child bride resembles sexual slavery (deMause, 1998). Sanderson (2006) states that in the Middle East, female genital mutilation (FGM) or excision (FGE), are still commonly practiced as initiation rites and the abusive aspect transmuted by religious and cultural meaning. deMause (1998) argues for this practice to be interpreted as incestuous sexual abuse. Sanderson (2006) reports child prostitution and sale of child pornography, particularly of Asian children, occurs internationally.

### 2.4: Definition and Impact of Sexual Abuse

CSA involves forcing, grooming or enticing a child to take part in sexual acts. The child does not need awareness that CSA is 'wrong' or to resist. Abuse can be contact or interaction between a child and an adult where the child is used as the object of sexual stimulation by the perpetrator who has power over the child (Newton, 2001). Alic (2001) reports that most perpetrators are male and are not associated with particular socioeconomic class or racial and ethnic groups.

Andrews, Gould and Corry (2002) suggest three levels of severity:

1. Non contact (sexual solicitation or exposure);
2. Contact (involves genital touching);
3. Penetrative (includes oral, anal or vaginal intercourse).

Finkelhor and Browne (1985) and Newton (2001) concur that a child is affected more seriously and impact of trauma ratchets up correlating with the level of severity of the intrusion and is greater again if the relationship and gender combination is closer. Kendall-Tackett, Williams and Finkelhor (1993) identified a correlation between the closeness of the perpetrator, frequency and duration and extent of symptoms such as poor esteem and confidence, anxiety, sexualized behaviour, Post Traumatic Stress Disorder (PTSD) and behaviour difficulties. They could not identify a defining symptom that characterized sexual abuse.

Bradshaw (1988) writes regardless of the type or frequency, the sexual violation of a child has lasting effects emotionally, psychologically and physically. 'Sexual abuse is the most shaming of all. It takes less than any other forms of abuse to produce shame'. Therefore it is easy to see how shame can be the most powerful driver within the child to keep the secret of the abuse.

## 2.5: Disclosure of childhood sexual abuse

A significant body of research data indicates that disclosure of trauma can have a profound impact on health and well-being from then on (Smyth, 1998). Brown and Finkelhor (1986) and Beitchman, Zucker, Hood, DaCosta, Akman and Cassavia (1992) state that research suggests sexual abuse in childhood appears reasonably prevalent and seems to have a significant correlation with negative psychological and social consequences. These include: (see table 1)

Table 1

- PTSD
- Sexual dysfunction
- Depression
- Anxiety
- Low self-esteem
- Alcohol problems
- Drug misuse
- Suicidal ideation
- Interpersonal problems
- Lower socio-economic status

Herman (1981), Russell (1983) and Summit (1983) all identified that a child being sexually abused rarely discloses. Retrospective studies interviewing adults about their CSA support this observation of nondisclosure (Arata, 1998, Roesler and Wind, 1994). The time from the sexual abuse and disclosure is modulated by the degree of compliance to the abuser, the level of familial or emotional proximity to the abuser, the number of abusers, the age of the child when abuse commenced, the risk and experience of disbelief and severity of abuse (Smith, Letourneau, Saunders, Kilpatrick, Resnick and Best, 2000).

Hence Lamb and Edgar-Smith (1994) state most people who experience CSA only disclose it once in adulthood, if at all. They found the mean number of disclosures when in childhood was 2.38 compared to 18.3 in adulthood. In a representative sample of 3,000 American women, Anderson, Martin, Mullen, Romans and Herbison's (1993) study cited in Ullman (2003) report that 37% of those who experienced abuse disclosed up to twelve months after the abuse ceased, 10% disclosed between one and ten years, 24% disclosed after ten years and 28% had disclosed for the first time as part of the survey (see appendix 4). McNulty and Wardle (1994) reviewed studies that focused on disclosure, concluding that telling the secret correlated typically with

exacerbation of psychological symptoms, rejection and verbal aggression from significant family members and so dissolution of a much needed support network serving to increase the risk of psychiatric disorder. Anderson et al. (1993) researched reasons for non-disclosure. Of the sample: 29% expected blame; 25% reported embarrassment; 24% feared upsetting others; 23% anticipated disbelief; 18% stated no effect of the abuse; 14% desired protection of the perpetrator; 11% feared the perpetrator and 3% wished to ensure they obeyed the adults around them (see appendix 5).

Although the issue of whether a child has disclosed or not is a significant milestone and a measure of the child's reluctance to declare their secret, it is also a vastly dichotomous measure. Paine and Hansen (2002) showed that the length of delay to disclose is a more sensitive measurement and has potential for detecting levels of reluctance and disclosure differences. The latency period between the start of abuse to the point of disclosure is vital to address in any research that seeks to explore and understand the dynamics of disclosure of CSA. There is a vast amount of published clinical material about aspects of children's motivation to maintain silence versus disclosure but scant published quantitative data. There is little evidence based material about the drive to disclose or the environmental factors that facilitate disclosure. As the double edged sword of disclosure versus keeping the secret, research about disclosure has a bearing on the research about maintaining secrecy and the experience and impact of secrecy.

The NSPCC (2007) reports more recently, that more children do disclose and understand sexual abuse because of media focus and provocation to disclose, teaching and networks such as Child Line. Children are taught more clearly about the appropriate boundaries of interpersonal contact, human rights to protection, dignity and privacy. Equally, therapy is increasingly gaining respect as a route to reparation. There is an assumption that raising public awareness of sexual abuse is the reason for increased numbers of cases reaching court. Less secret keeping at a systemic level

may give unconscious permission to the isolated child in desperate need of a confidante and rescuer. Greater focus and finance is needed to develop therapeutic and reparative programs for victims and abusers (Alic, 2001).

During the 1990s there was a dramatic increase in the reporting of incidents of CSA from adult recalling a memory of the trauma that had previously been outside their awareness. The quality of these recovered memory experiences varied, at times being extremely clear in the reporter's eye whilst other's reports were very foggy and distant in detail. There were lavishly detailed reports of events that had occurred almost 30 years previously including events during the first year of life. Memory recall, even after years of being repressed is very varied in texture and detail. A clear marker that identifies difference in recall seems to be the age of the person when the abuse had allegedly occurred. On some occasions, repressed memories were reported when the child was a year old or younger (Loftus, 1993).

Prior to the 1980's sexual abuse was not a topic of general or national discussion. People that had perhaps become elderly without disclosing what they believed were mortal shaming events, either struggled invisibly or did not register the degree of personal assault. There are likely to be many adults still keeping the secret and children being abused who continue to go unnoticed even by a vigilant system. Children are their own guardians of the secret.

## 2.6: Secrecy of Childhood Sexual Abuse

Summit (1983) indicates that, typically sexual abuse takes place only when the child is alone with the abuser. Regardless of the methods used to silence the child, the urgency of the need to keep the abuse secret tells the child of the inherent badness and danger of abuse. The usual means of silencing frightens the child that worse outcomes will occur to the child, loved ones, including pets, and the perpetrator. The clear message given to the child is that holding up a lie to maintain

the secret is good, and disclosing is the ultimate sin. If a child lives in an environment that lacks sufficient physical or emotional safety and stability in secure relationships whilst wrestling with the pro's and con's of lying and possible death of self or their important others, the child will be overwhelmed and left with no option but to keep silent. The consequential abandonment would not seem sustainable and fear of death is what keeps her silent and able to survive. The greatest weapon in the abuser's arsenal is the manipulation of this fear. The child would have to choose between abuse and 'death' (Blume, 1990). Blume (1990, p61) states, 'Either the incest perpetrator is emotionally and physically necessary for the victim's survival, or he can influence those who are. Thus he can build walls around her. The secret completes the trap'.

The development of compliance to maintain silence places the child as co-conspirator, thus hiding their own abuse (Berliner and Conte, 1990 and Furniss, 1991). The dynamic so set up followed by insidious grooming can lead a child to consider themselves as complicit to the abuse and so in a willing 'relationship' (Berliner and Conte, 1990), or co-conspirator (Furniss, 1991 and Summit, 1992). Techniques used to obtain compliance include the giving and removing of attention, material goods, and privileges. A perpetrator may also misrepresent the abuse itself, so externalizing and placing the responsibility inappropriately with the child, leaving them in fear of punishment, shame and negative judgement (Kaufman, Hilliker and Daleiden, 1996). The power within these strategies are well researched and represented in clinical literature (Berliner and Conte, 1995; Conte, and Schuerman, 1987; Elliott, Browne and Kilcoyne, 1995; Furniss, 1991). Essentially, regardless of type, most children develop a sense of responsibility for their abuse (Ney, Moore, McPhee and Trought, 1986).

More recently, Sanderson (2006) suggests the impact of CSA can range greatly from child to child. For example, some children become traumatized whilst others do not perceive CSA as abuse. If trauma such as sexual abuse occurs to a child before their neural development is

complete, this can lead to permanent damage or limitation. This is because the maturation of the many structures of the central nervous system needed to support normal brain function is not fully established and trauma causes a developmental arrest in some of these structures. CSA can, therefore, have a profound impact in physiologically re-sculpting the brain (Teicher, 2002).

Finkelhor (1986) identifies a common and powerful feature of abuse is intense shame and fear of stigma. They fear being judged negatively and report hesitancy in disclosure (Gomes-Schwartz, Horowitz and Cardarelli, 1990). Ratican (1992) and Bass and Davis (1988) believe denial, repression, guilt and shame can provoke inhibition, not just of the abuse secret but other wider factors in their lives. A perpetrator often bribes and threatens their victim to maintain silence (Pipe and Goodman, 1991). Ligezinska, Firestone, Manion, McIntyre, Enson and Wells (1996) identified that an abuser is usually a familiar and close relative or guardian. A perpetrator most often targets vulnerable and emotionally needy children, exploiting their clearly communicated hunger for attention and affection. A perpetrator's most powerful weapon to silence the child is to threaten suicide or self harm (Furniss 1991, Russell, 1986 and Summit, 1992).

Kelly and McKillop (1996) and Lane and Wegner (1995), identify the small but growing ancillary research about secrecy of sexual abuse. Equally, there are a number of analogue studies illustrating the difficulty children have describing feelings, what they know and what they experience in general. This adds another barrier for the abused child to surmount in order to rally the capacity to disclose. Additional to the inherent child/adult power dynamic, these further barriers include cognitive and developmental factors, the techniques employed by a perpetrator to ensure compliance and silence and other internal and external factors that provoke the child's sense of guilt and responsibility for the abuse (Sauzier, 1989 and Summit, 1992). Early grooming can teach the child compliance without physical threat, the internal threat of disloyalty and other fears are potent enough to maintain silence. Gomes-Schwartz et al. (1990), Furniss (1991) and

Summit (1992) indicate that continuous abuse develops closeness to the perpetrator, combined with fear of not being believed if the child were to disclose. Jonzon and Lindblad (2004) believe increased closeness and dependence, reduces the child's trust in being believed and the risk of negative evaluation increases.

Gomes-Schwartz et al. (1990) and Kelley, Brant and Waterman (1993) identify that research persistently reports that the nature and dynamics of CSA make it almost impossible for children to report abuse at the time and are likely to maintain silence for a significant period after abuse ceases.

Victor Hugo captured a common held intuition about the nature of childhood secret keeping.

*'Besides, no one ever keeps a secret so well as a child'*

Victor Hugo, (1802-1885) Les Misérables

Finkelhor, Hotaling, Lewis and Smith (1990) and Smith, Letourneau, Saunders, Kilpatrick, Resnick and Best (2000) found that children typically delay disclosing or maintain silence into adulthood. Disclosure is still the single most common path to discovery of abuse. A common fear of disclosing is the degree of authority and trust, and therefore power, the perpetrator has. Sometimes a very young victim grows up believing incestuous abuse is 'normal' (Atwood, 2007).

Funiss (1991) cites a parallel between the dynamics of incestuous child-abuser relationships and the complex attachment that can develop in hostage-captor situations. Because of the dependence on the captor for survival conflicting with the captor also threatens survival. A distortion of positive and negative attachment co-occurs and the management of self becomes a balance of physical survival versus the surrendering of personal integrity, also a primitive survival drive. In



some ways research of this kind of relationship may shed light on the complex nature of the child abuser dynamic and the drive to maintain secrecy. Given these dynamics, 'A primary punitive approach towards abusers, is therefore a strong external factor for children to maintain secrecy and not to disclose' (Funiss, 1991).

Sauzier (1989), whilst exploring the nature of power within abuse, identified that victims are often threatened that significant others will get hurt emotionally and physically if they disclose, the abuser so shifting the responsibility for the abuse to the child as well as the power to maintain the safety, happiness and functioning of the family. This supports Summit's (1983) conclusion that the perpetrator conveys the message that the child holds the power and responsibility for the family's cohesion and safety by maintaining secrecy.

Research repeatedly shows that victims by a close familial perpetrator are significantly more likely to maintain secrecy than those abused by a stranger (Arata, 1998; Berliner and Conte, 1995; Sauzier, 1989). This pattern is pivotal as research also suggests victims of long term sexual abuse are correlated with a higher degree of secrecy and report hesitancy to disclose (Arata, 1989). Adult survivors did not disclose at all or left disclosure for many years, and attest to profound pain in considering disclosure (Russell, 1986 and Sauzier, 1989). It would appear that the majority of adults still maintain silence as a consequence of known or imagined repercussions. These fears include shame, impact of shock and pain on others, perceived or known failure to support, rejection and fear of disbelief (Kelly and McKillop, 1996).

The literature about maintaining secrecy indicates the various costs of holding secrets is significant. Ratican (1992) suggests the secret is often fore-ground for a survivor seeking therapy. They may enter therapy anxiously, expecting disbelief if they disclose or that they may be 'too much' for the therapist. The scenario of a relationship with an unequal power base (therapist and

client) in a private room may appear too similar and risk re-traumatization (Yudkin, 1992). She may watch every word with new vigour to ensure protection of the secret in this new setting or she may have already lost conscious awareness of aspects or the whole abuse. Regardless, she will continue to distract the other away from the internal horror. The consequential hypervigilance, a symptom of PTSD, and associated internal commentary create huge barriers and distraction thus preventing the victim showing their real self (Blume, 1990). Whilst avoidance of intimacy can maintain safety and, at times, lead to a positive development of self-sufficiency, it also negates the richness of interpersonal experience in a safe relationship (Bass and Davis, 1988).

Some victims who no longer have any dependence on the perpetrator feel a sense of relief at the opportunity to divest themselves of the secret and the associated isolation and pain. A qualitative study of interview dialogue with incest survivors included relief and new connection with others, post disclosing the secret (Mize, Bentley, Helms, Ledbetter and Neblett, 1995).

Draucker and Martsof (2008) report that some survivors decided to disclose as an adult, hoping they would facilitate closure and recover from some aspects of their abuse. Another reason was a decision to make themselves more open, desiring honesty in a new intimate relationship or to deepen an established relationship. Most survivors taking part in the study kept their secret from others using descriptions such as 'hiding it', 'never revealing it', 'keeping the bottle cap on the secret'. Other descriptions included 'lifetime burden' and 'skeleton in your closet'. Many reported various reasons for maintaining the secret. Some seemed to yet believe they were responsible for the abuse so wished to hide what they saw as their shame and guilt. Others concluded they would receive rejection, disbelief or disinterest, rather than understanding and empathy. Some still keenly felt the risk of over-whelming the other and that professionals 'did not want to hear about the abuse' particularly if they also had a mental illness or had misused

drugs or alcohol. Several male survivors believed and experienced that males have less chances to discuss their abuse because of the increased societal taboo of abuse of males. Others wanted to continue to protect family.

It seems most psychiatrists and therapists evaluate the emotional damage as having more serious consequences than the physical damage from penetration and other physical consequences of sexual abuse. There are still some professionals who believe that sexual behaviour between adults and children does not necessarily comprise harm. A number of studies conclude that between 50% and 80% of sexual abuse acts remain unreported. This seems to correlate with approximately 80% of acts of sexual abuse occurring between the child and their father or other close relative. The risk of family disruption seems to be the main rationale for non-disclosure (Rush, 1980).

Despite it seeming against natural intuition, most incest survivors do not appear to have serious psychological consequences in adulthood, despite them still reporting suffering (Trepper and Barret, 1989). If, as is apparent in many research studies, incest is highly under reported, these victims and the consequences of their abuse are not available for statistical, qualitative or clinical evaluation. This suggests it is vital that therapists and researchers must not assume that because a person has experienced incest abuse that they are severely damaged and so limit them through the therapist or researcher's own projection of belief or experience. Fritz, Stoll, and Wagner (1981) discovered that 77% of adult women victimised as children did not experience problems in adult sexual relationships, had mastered the abuse associated effects, or were not affected by the abuse in the first place.

## 2.7: Conclusion

To conclude, this literature review examined the impact of CSA and keeping the secret held by survivors. However, I emphasize that there is very limited research available about secrecy and secrecy of CSA. Most research included is dominated by the dynamics and consequences of disclosure. Therefore, this leads me to suggest that there is an overlap in the consequences of keeping the secret and consequences of disclosure. Effectively this shows that some survivors may have disclosed their secret to a limited number of people but even so may still be holding the secret from others. It can also be argued that in disclosing, some survivors may give very little detail about the actual abuse, if any at all, hence even though they have disclosed that abuse has occurred they are still keeping part of it a secret. If they have disclosed all or enough detail they may still be keeping the secret from others. Drawing theses arguments together I feel this dissertation is therefore practically justified in order to add to the limited resources about the impact of keeping the secret of CSA.

## Chapter 3: Methodology

### 3.1: Research Design

Qualitative and quantitative methodological approaches serve different purposes and offer different ways of construing the world (Holliday, 2002). Denzin and Lincoln (2005) suggest the qualitative method is reflective or experiential in nature, attempting to understand people's words in descriptive ways representing participants' experience in detail. It involves an interpretive, naturalistic approach to data. In contrast McLeod (2003) describes quantitative research as attempts to measure variables, discover answers through scientific procedure and turn observations into comparable units of information using statistical analysis. Selltitz, Jahoda and Deutsch (1965) claim these procedures are more likely to produce reliable and unbiased information. It is argued that a major binding feature of qualitative research is its opposition to positivism, the philosophical basis for quantitative research (Holliday, 2002). The debate between advocates of these methodologies reflects more historic discussion in philosophy about the nature of knowledge. Does an objective truth exist and is it measurable even if objective? Is all knowledge relative to the person through whose eyes it is perceived (Davies, 2007)?

I was drawn to the paradigm approach of qualitative research, as including analysis of the more subjective aspects of human experience and phenomenology can give a more complete picture of my participant's experience rather than restricting analysis to more measurable data (Moustakas 1994). I considered it more appropriate to use an interview method rather than questionnaire about this sensitive subject to allow for the nuances of people's experience to be included in data analysis. As a researcher my aim was to immerse myself in the material. Spinelli (2005) suggests the phenomenological approach focuses on understanding the meaning of experienced events of those being studied. I hoped to gain accurate and authentic descriptions of the way participants

experienced their secret keeping about CSA and remain open to what may emerge, to facilitate full answers and descriptions.

Human experience and behaviour needs to be viewed in its context and full complexity, therefore my findings need to be considered within a social, cultural, historical and environmental context (McLeod, 2003). In the process I attempted to 'bracket off' my own bias and assumptions in order to understand participants and reflect on their process. Jones (1975) notes all interpretation is 'aspectival', that is, made from specific points of view. There will always be other interpretations, or extended interpretation undertaken with the original interpretive framework constructed by a researcher. Therefore the researcher can not entirely delete their views, assumptions and values from the research process and outcomes.

### 3.2: Sample

For this research I used a purposive sample of five 'hand picked' participants that met my criteria to gain a deeper understanding of the experience that I set out to research. Davies (2007) suggests purposive sampling invites the researcher to identify individuals 'typical' of the population being studied, however there is no way of knowing to what extent the sample is indeed representative of the world.

My criteria for participants include:

1. They must be qualified counsellors;
2. They have experienced sexual abuse in their childhood;
3. They have kept their childhood abuse a secret for at least five years before disclosing;
4. They have already disclosed their abuse even though they may still be holding it secret from others;

5. They have already worked through their issues sufficiently, therefore robust enough to take part in this research;
6. They have access to personal therapy if needed.

My rationale for these criteria was for this group to be able to provide the data for this research and more importantly to cover any ethical issues that arose (see page 27-28). I felt it was possible to work with a participant whose English is not their first language with the consideration that they can speak and understand English. However, due to the nature of my research study I felt it would be inappropriate to interview participants through an interpreter, therefore my advert poster and other written information for potential participants was written in English, thus attempting to exclude potential participants who could not read or speak English. I advertised my research request for participants in counselling organizations throughout the North West of England using a poster format (see appendix 6) and also undertook some networking. I needed permission from these agencies, however I will not name them in order to respect confidentiality.

I carried out a pilot study with one individual who was not someone selected from the advert. This was carried out first to test out my methodology and check if any amendments were necessary before carrying out the full research. Davies (2007) states the purpose of piloting is more to do with the overall period of data collection than the detail of any instruments used, so piloting attempts to ensure that the planned research produces good outcomes.

### 3.3: Data Collection

Face to face interviews are the most popular method of collecting qualitative data which ranges from using unstructured, semi-structured and structured interviews (Maykut and Morehouse, 1994). Firstly, an unstructured interview is recognized as an informal conversation where the researcher has a focus in mind to start the interview, but does not use a script. This allows space for the researcher to use clues from the participant's response to then enquire for additional information. The advantage is that there is more room to explore, however it may be difficult to collate the data (Davies, 2007). Conversely a structured interview follows an ordered series of questions, the advantage being the responses are more easily generalized, however responses are less spontaneous (Sanders and Liptrot, 1993). Semi-structured interviewing combines aspects of unstructured and structured interviewing. Willig (2008) states this is the most widely used method. It offers structure and questions can be balanced between control and explorative questioning giving space for the participant to redefine and generate insights for the researcher. This provides a structured but flexible framework. Questions may vary in order and wording depending on responses as the participant may have already given the same information in previous responses. Common information is sought from all participants.

To establish rapport and build trust to enable participants to respond, on receiving interest from my advert I first sent out an information pack (see appendix 7, 8 and 9) which included a letter stating who I am, what the research is for, potential risks, inclusion criteria, a consent form to audio-tape, a statement indicating the confidentiality of the interview and what will happen with the results. The letter also requested any creative material that represents 'keeping secrets' that participants may have undertaken in the past or would like to do before the interview, time being available to reflect on their material.



I collected data through face to face interviews using the semi-structured method of ‘open ended questions’. The rationale being it gave me enough scope to generate the information I required, and believe it is more comfortable and natural for participants. The duration of the data collection was approximately one hour, conducted in environments that were safe/private, free from noise with appropriate heating and toilet facilities. As my research focused on a sensitive subject I began the interviews with a short questionnaire (see appendix 10). This felt more appropriate than asking for their personal details of their abuse history and was used to show the variation and contrast among participants and if it affected the outcomes. I then asked my research questions (see appendix 11) moving my participants to deeper material enabling understanding of their meaning of experience of keeping the secret. Time was then given for participants to reflect on their creative material before ending. Davies (2007) emphasizes qualitative research relies heavily on researcher’s performance as an interviewer and analytical interpreter of the accumulated information.

#### 3.4: Data Analysis

Deductive and inductive analysis varies, in the extent the data is analysed and interpreted. The deductive approach involves setting hypotheses before starting the study. The resulting data is processed using statistical tests to confirm or refute the hypotheses. With inductive approaches the data relates to the subject of study and data analysis emerges out of inductive reasoning (Maykut and Morehouse, 1994). With qualitative data analysis, Strauss and Corbin (1990) refer to three levels from low to high level interpretation and abstraction. Low level is ‘raw’ data without analysis. The highest level is used for building and confirming theory and the middle level includes accurately describing observations and outcomes as precisely as possible before reconstructing data into meaningful pictures of the participant. This involves selection and filtering, then interpreting data, hence the ‘interpretive descriptive’ approach. This middle level

fits the way I worked by selection and analysis of raw data and presentation in an end result. Through engaging in my data collection and data analysis I was tuned in to each participant's experience and tried to investigate the phenomenon with an open mind. Patton (1990) sees this as an initial step in data analysis and calls this process Epoche. My own viewpoints and assumptions had to be put aside so that any biases had reduced influence in the interpretation, whilst still remaining aware that I can not eliminate all influences.

Each interview was audio-taped then transcribed onto different coloured paper so each participant had a coded colour. This method is very visual and I could see at a glance which colour represents which participant. I then elaborated on this by coding each page in the top right hand corner with the initial of the participant's pseudonym, the type of data and the page number. For example: S/T/6 = Sue, Transcript, Page 6. The reason for this was for clear organisation and to show a structured way of working with a large amount of data to contribute to my audit trail. I photocopied each transcript, filing the original.

The data was then prepared using Glaser and Strauss's (1967) constant comparative method combining inductive category coding whilst simultaneously comparing all units of meaning procured. Firstly, I laid out rolls of paper on my study floor, a private area to contribute to confidentiality. I then assembled the photocopy data as I worked through one transcript at a time looking for units of meaning. Once identified, I wrote the meaning on an index card and tacked it to the top left hand corner of the first roll of paper. I cut out the unit of meaning from the transcript and taped it underneath the index card. I continued working in this way adding index cards and units of meaning until all the data of the first transcript had been unitized. Using my second transcript I continued with this format, looking for units of meaning and if a unit was the same as in transcript one I placed it underneath that index card heading. If it was a new unit of

meaning I then added another new index card and continued until all the data was used. The same procedure was carried out for all five participants' transcripts until all the data was used. Lincoln and Guba (1985) describe this as unitizing the data. The result was 112 index cards with sections of units of meaning beneath (list and photos, appendix 12, 13). Taylor and Bogdan (1984) describe this as 'discovery'. This allowed potentially important experiences that participants have reported to emerge and identify the resultant themes or differences.

As all the data was tacked on the paper rolls it was manageable to move sections around. I selected one prominent idea and chunked it together with others using a rule of inclusion which contained similar units of meaning within the data using a look, feel alike approach and added a new title on an index card. This acted as my first inductive category coding and produced 30 categories (see appendix 14, 15).

By reflecting on the 30 categories I found some categories overlapped so decided which could be clustered together further. This reduced my categories to 14, for which I wrote another rule for inclusion for each, conveying an idea within the data. This became, as Lincoln and Guba (1985) describe, a 'propositional statement'. (See appendix 16, 17).

After reviewing the 14 provisional propositional statements I was able to reduce them further to 8 provisional propositions by joining similar meaning and devised new rules for inclusion (see appendix 18, 19 and 20).

After a final refining of the 8 provisional propositions I finalised 4 propositional statements still containing the 30 categories and 112 units of meaning within, so all data was utilised (see appendix 21, 22, 23 and 24). To demonstrate an example (appendix 25), I have included all the

participant's quotes relating to proposition 1. The rationale for me working in this way was that it was very visual, organized and structured. As I am a kinesthetic learner I was able to follow this approach which aided me gaining the most from this research data. I then wrote up the outcomes of the findings.

### 3.5: Ethical Issues

Good practice when conducting counselling research holds to the parameter and ethical guidelines of the British Association for Counselling and Psychotherapy (BACP, 2009). These include: competence and conduct, informed consent, confidentiality and rights to withdraw. Brinkmann and Kvale (2009) recommend caution in applying rules blindly, as it assumes ethical issues and concerns should be 'sorted out' at the design stage. More realistically, ethical dilemmas and issues arise along the whole process, and so good practice requires constant attention to applying ethical thinking. They recommend researchers to learn 'ethical research behaviour' and develop 'the ability to sense, judge and act in an ethically committed fashion'.

Knowing one's own competence and limitations helps place welfare and protection of participants first. Acknowledging and protecting each participant's cultural and social differences is also a priority both for the client and the accuracy of the data interpretation. I am a competent counsellor/researcher in conducting this research study and felt well supported by my research supervisor. Potter (2006) describes this as a two way working relationship, fundamental for advice, knowledge and experience. Cryer (2000) concurs and adds the researcher benefits greatest when responsibility is taken for being organized by listing issues and questions for each stage of the research.

Ethical approval from the University of Chester was granted prior to commencing this study. Part of my rationale for having qualified counsellors as participants was that recruiting clients would be inappropriate because they would still be in the process of therapy. Since my participants were qualified counsellors who had already disclosed their secrets of abuse to at least one other, my expectation was that they would have already worked through their issues sufficiently in therapy and were robust enough to speak about how keeping their secret has impacted them.

The basic ethical principles of beneficence, non-maleficence, autonomy and fidelity apply to my participants throughout the interview process. I was aware of potential risks including psychological effects such as embarrassment, emotional upset, discomfort and re-traumatising. The potential benefits could be the empowerment of the participants in personal and professional ways through sharing their information and knowing that their contribution can add to the store of research in this area and that they feel they are contributing to the counselling world and survivors in the broad sense as keeping a secret can be isolating.

Included in the information pack sent to participants was a consent form addressing the fact that their data may be used at a later date in journals or workshops without further consent. It also details the right to withdraw at any point up until research submission without the explanation or fear of reprisal. I was open and honest, aiming to facilitate participants to feel comfortable, enabling them to also be open and to feel equal and not experience a power difference. Bond (2004) clarifies that participants should give full informed consent before commencing any research. This respects their civil and human right to have as much relevant information about what they are participating in and to change their mind and withdraw at any point if they so wish.

I also asked participants to choose a pseudonym to protect their confidentiality. I believe this is more appropriate than a code number. However through reading I could not find evidence that suggests using a pseudonym rather than a code is more ethical. I consider it to be more respectful as the experience of abuse can be dehumanizing and I do not want to reflect this in any part of the research process and choice; even about these seemingly small factors feel of paramount importance. Potter (2006) underlines that it is best practice to eliminate personal identifying information at the earliest point possible in the research process. Data was addressed using participant's pseudonym during the analysis process and the writing up of this dissertation. With regard to legal data requirements, the storage of data is protected against access by anyone inappropriate to the research.

I respected my participants vulnerability and took care to ensure their wellbeing when they became emotional during interviews. This was managed in a sensitive and professional manner. Trust from participants and I (researcher) was important for us to feel comfortable working together during the interview stage and until completion. I was also aware of my own challenges and vulnerabilities whilst under taking this research, so received ongoing personal therapy as well as supervision support. Bond (2004) suggests receiving personal and professional support to discuss and process ethical issues lowers the risk of negative outcomes for participant and researcher, the avoidance of harm to participants being the overriding ethical concern.

### 3.6: Validity/Trustworthiness

Davies (2007) states within all research, validity is related to the final claims of the research and whether these claims and conclusions, as a result of careful analysis, accurately represent the real picture within the psychosocial and contextual reality of the research subject. I tried to show my reliability by as far as possible being in the same frame of mind with each participant when

carrying out interviews so that I did not affect the measure of the outcome, but showed I was attuned to the participants in the moment and issues. The experience, perspective and the beliefs they hold of their experience did dictate the outcome. Lincoln and Guba (1985) acknowledge trustworthiness is a fundamental ingredient in qualitative research and should contain four components: credibility, transferability, dependability and confirmability. Through recording my methodology in sufficient detail I sought to make the process transparent and detect bias. It also enables the reader to identify a route back through the process to show how outcomes were obtained and allows replication, thus adding to credibility and contextualization. My audit trail includes consent forms, transcripts, discovery sheets and the unitized data using the constant comparative method. This all contributes to the process of trustworthiness and shows my research is conducted competently, effectively and honestly.

Participant's had their transcripts sent to them to re-read, check, correct and make any amendments and to satisfy themselves of sufficient anonymity prior to data analysis. Lincoln and Guba (1985) describe this as 'member check'. An opportunity was then offered to consider the interpretation of their data so they feel their actual experience is represented accurately. The procedure of triangulation in exploring the research question from varying perspectives was used broadly to confirm accuracy and is an essential stage in qualitative research (McLeod, 2003). Maykut and Morehouse (1994) are clear that participants have a right and that it is respectful to offer sight of the full outcomes of the study. It also offers further the chance to check that the conclusions and results are not idiosyncratic but relevant and so applicable to other studies. McLeod (2003) warns of possible participant distress when seeing outcomes in written form if not syntonik with their experience and so careful preparation for this stage is important.

On completion of this dissertation I signed a declaration expression form stating it as my own original work. Bond (2004) states if research is published, honesty about authorship is necessary and copyright or other moral claims must be respected.

### 3.7: Limitations

Because of the sensitive nature of this study it was difficult to recruit participants that met my criteria as I was specifically looking for qualified counsellors who had dealt with their abuse issues and were sufficiently robust to speak of their experience of keeping their secret. I was aware this meant participants potentially making themselves vulnerable in giving account of personal experience and that I may have had to use counselling skills to alleviate any distress that may have arisen whilst aware it was a research session and counselling would only be appropriate with another practitioner. Dallos and Vetere (2005) highlight the boundaries during interviewing between counselling and research. There may be limits to the interview if it triggers unresolved memory and ending the interview is necessary. I was also aware of the potential impact on my self whilst undertaking this study so paced the research in order to protect myself and support self care.

As I was using a small sample size and confining my study to the North West of England it was difficult to get a varied selection of differences in my participants such as age, gender, culture, sexuality and disability. There are limitations in the findings regarding differences in relationship of the perpetrator, the length of time they had been abused and how long they had kept the secret. Using semi structured interviews also potentially limited the study in relation to how far participants felt comfortable disclosing and answering questions. With requesting participants to bring creative material this may have also created limitations if they did not want to participate in this way.



Maykut and Morehouse (1994) write that to fully understand the area of interest the researcher should continue to collect and analyse data until no new information emerges. Glaser and Strauss (1967) describe this as the saturation point. Lincoln and Guba (1985) suggest as few as twelve participants are necessary to get to saturation point. I am aware that this study will not necessarily offer a true account of the wider and larger population of people who have experienced sexual abuse. This is due to restrictions of interviewing counsellors. There is a general view that counsellors are more likely to have worked through their abuse and thus less susceptible to re-traumatisation in re-telling their abuse experience (Dale, 1999). I acknowledge it does not represent equality as counsellors will be educated to a certain level. I am also aware that this study will not reach provable saturation point due to the course limitations of sample size and how deeply I can analyse and discuss the data due to time to complete the study and word count.

## Chapter 4: Outcomes

I interviewed five participants and asked them to choose a non-identifiable name which they would be referred to throughout this study; these pseudonym are: Ben, Bernadette, Cathy, Gina and Jade. They have all experienced childhood sexual abuse and spoke of the impact of keeping that secret. I would like to introduce them giving a brief outline of their history.

***Ben:*** was sexually abused by three professionals in a position of trust. He was aged between nine and ten years old when the abuse started and it went on for five years plus. Ben kept the secret for thirty two years.

.....

***Bernadette:*** was sexually abused by a professional in a position of trust. She was aged between three months and two years when the abuse started and it went on for one to two years. Bernadette kept the secret for twenty six years.

.....

***Cathy:*** was sexually abused by her brother. She was aged between seven and eight years old when the abuse started and it went on for three to four years. Cathy kept the secret for eleven years.

.....

***Gina:*** was sexually abused by a neighbour. She was aged between five and six years old when the abuse started and it went on for six to twelve months. Gina kept the secret for twenty six years.

.....

***Jade:*** was sexually abused by her father. She was aged between seven and eight years old when the abuse started and it went on for three to four years. Jade kept the secret for twenty three years.

.....

Four of the participants produced creative illustrations relating to the impact for them of keeping the secret. (These illustrations can be found at the end of the presentation of outcomes).

After analysing the transcript data from each interview using Glaser and Strauss's (1967) constant comparative method four propositional statements emerged.

## Four propositional statements

**Proposition 1:** There are various reasons for keeping the secret of childhood sexual abuse, they are:

- (1a). Children believed there would be a negative outcome if they disclosed.*
- (1b). Children did not understand that they were being abused.*
- (1c). Children did not know they had a choice to disclose.*
- (1d). Children were specifically told not to disclose the secret.*
- (1e). Specific threats were used to ensure the child's silence.*
- (1f). Children did not disclose abuse in order to protect others.*

**Proposition 2:** Various mechanisms throughout life were used to maintain the secret, they are:

- (2a). Children used suspicion and monitoring to help them guard their information.*
- (2b). Children repeated in their own mind their reason for keeping their secret.*
- (2c). A child suppressed the experience of abuse out of awareness until memories were triggered in adulthood.*
- (2d). Adults became secretive about personal information.*

**Proposition 3:** There are many long term consequences of abuse and keeping it secret, they are:

- **Psychological impact**

- (3a). Children found it very difficult to use their voice.*
- (3b). Children became anxious and hypervigilant.*
- (3c). Children experienced overwhelming affect.*
- (3d). Adults experienced symptoms of Post Traumatic Stress Disorder.*
- (3e). Adults developed psychological illness.*
- (3f). Environmental triggers cause re-experience of the abuse and the linked secret keeping.*

- **Physical impact**

- (3g). Adults developed physical illness*

- **Behaviour changes**

- (3h). Children isolated themselves and withdrew from social and emotional intimacy.*
- (3i). Children used behavioural adaptations to mask their real experience.*
- (3j). Participants used various patterns of behaviour throughout life.*

- **Patterns of relating throughout life**

- (3k). Children lost their sense of self and developed a sense of themselves as 'different' to their peers*
- (3l). Participants experienced lasting confusion and uncertainty about their relationships.*
- (3m). Participants experienced negative impacts on their relationships with others.*
- (3n). A child experienced negative impact in relationships as a consequence of moving home and country.*
- (3o). Participants are more selective about who they share their information about their abuse with in the present day.*

**Proposition 4: There are various aspects to the process of disclosing the Secret, they are:**

- (4a). A child desired to disclose the secret of their abuse, but was unable to.*
- (4b). Participants experienced disbelief and misunderstanding from significant others throughout their lives.*
- (4c). Participants did not disclose their secret until adulthood.*
- (4d). A participant desire to tell their secret through biography in the future.*

## Presentation of outcomes

References from these transcripts are coded using the participant pseudonym and page number.

### **Proposition 1: There are various reasons for keeping the secret of childhood sexual abuse.**

(1a). Children believed there would be a negative outcome if they disclosed.

*I thought something really bad was going to happen to me.  
(Jade, p10)*

*If I told my mum she wouldn't really understand, she would get angry.  
(Gina, p2)*

(1b). Children did not understand that they were being abused.

*I didn't know it was abuse. (Cathy, p7)*

*Part of it was ok, its attention so better to get horrible attention than no  
attention at all. (Jade, p3)*

(1c). Children did not know they had a choice to disclose.

*It never crossed my mind telling anybody, I just kept the secret.  
(Jade, p5)*

*I was so paralyzed with fear of what would happen to my parents if they  
found out and this physical thing I didn't want to happen.  
(Gina, p9)*

*I think I dream of somebody safe enough to tell but that person was never  
there. (Ben p5)*

(1d). Children were specifically told not to disclose the secret.

*I was told not to tell anybody and he would know if I did.  
(Gina, p9)*

*I was told it was a special secret and I mustn't tell anybody. (Jade, p1)*

(1e). Specific threats were used to ensure the child's silence.

*The threat of increasing the abuse, they would tell my mother that I had been abusing kids in the home....I would go to a different school which would be even worse, a lot more physical violence. (Ben, p4)*

*I don't think I can say exactly what it was but it was physical.  
(Gina, p9)*

*I was told never to tell anyone because if I did, my dad would go to prison. I would split the family and I would be put in a home it would all be my fault. (Jade, p6)*

(1f). Children did not disclose abuse in order to protect others.

*I was already aware of adults that were unstable, vulnerable I was probably trying to protect him. (Gina, p2)*

*I was protecting my dad even though my dad was the one that did it to me, I didn't want him to get hurt....I'm thinking of my family I don't want then to see him any different because I would be hurting them.  
(Jade, p10)*

*I was terrified that the same thing would happen to my brother. I used to make up stories about how bad the next door neighbour was to scare him. I didn't want him to go in there at all. (Gina, p6)*

.....

**Proposition 2: Various mechanisms throughout life were used to maintain the secret.**

(2a). Children used suspicion and monitoring to help them guard their information.

*I would self monitor, there were certain circumstances that would trigger my anxiety and I would be watching very carefully when we went to another family house to see if conversation came up about neighbours. It would be the cue to listen very carefully and to check things out. I was still monitoring what my parents know if they know anything.*

*(Gina, p4)*

*My mum mentioned something about men and I suddenly become startled...my dad did notice something and made comment and that made me monitor myself more around conversations, so it was a lot of monitoring. (Gina, p4)*

(2b). Children repeated in their own mind their reason for keeping their secret.

*You mustn't tell, mustn't tell, mustn't....so when your living with that all the time in your head you can't think of anything else. (Jade, p2)*

(2c). A child suppressed the experience of abuse out of awareness until memories were triggered in adulthood.

*I had suppressed it so much that it had gone from my memory.*  
*(Bernadette, p1)*

*Shut parts out, there has been various things that has gone on throughout my life and they have just been erased from my memory and all of a sudden they have come back a bit later on it's always like that's kind of my coping mechanism that I can just erase it. (Bernadette, p4)*

*There is so many gaps in my life where my memory has just blocked it out and that's what it does.....obviously it has been there and it comes out in other ways whether that's illness or whatever it is....it's keeping the secret from my self. (Bernadette, p13-14)*

(2d). Adults become secretive about personal information.

*It's split into two bits, it was the time of keeping the secret whilst it was going on and then when it ended I was still keeping the secret and somehow that felt a little bit different. (Gina, p1)*

*I knew I had a secret. It was worse when I was older, as a child I just sort of got on with it. (Jade, p1)*

*Trying to get some help for my self, all very secretive, am still quite secretive in certain things today. (Jade, p10)*

*I still don't like to talk about it. (Ben, p5)*

.....



**Proposition 3: There are many long term consequences of abuse and keeping it secret.**

- **Psychological impact**

(3a). Children found it very difficult to use their voice.

*I couldn't communicate. I shut up shop, it was like although I had a voice, it was like I didn't have a voice, nothing would come out of my mouth.  
(Cathy, p2)*

*Just shutting up, I became quiet superficial. (Gina, p5)*

*Always doing as you were told, I feel like I shut up.  
Feels like your child's trapped inside your body  
and you can't be free. (Jade, p3)*

*I didn't speak...they thought I was going to be mute. (Bernadette, p1)*

*The first time they had any recognition that I was going to start talking was they had taken me somewhere where there were some peacocks and I opened my coat and showed the peacocks my new dress when the peacock opened his feathers and that was the start of me making some kind of connection and communication so then I slowly started to speak.  
(Bernadette, p3)*

(3b). Children became anxious and hypervigilant.

*Always been on alert and hypervigilant, watching what's going on and trying to be in control but you're not in any control at all...I couldn't relax never could relax. (Jade, p3)*

(3c). Children experienced overwhelming affect.

*Feeling confused about wanting to go home and not wanting to go home...I felt lost, confused and sad. (Cathy, p2)*

(3d). Adults experienced symptoms of Post Traumatic Stress Disorder.

*I use to get horrendous flashbacks, you know smells. (Cathy, p9)*

*I just had this kind of freeze reaction. (Gina, p8)*

*The neglect not only of the abuse but the neglect in the home and all of those things really impacted so I had nightmares most nights.  
(Bernadette, p3)*

*I just had this kind of repetitive picture in my mind of him completely falling apart. (Gina, p1)*

(3e). Adults developed psychological illness.

*I did have a nervous breakdown. (Bernadette, p2)*

*I have had periods of clinical depression. (Gina, p11)*

*I ended up cutting myself and I took an overdose when I was about eleven. (Bernadette, p4)*

*I scratched 'I hate it' into my arm. (Bernadette, p13)*

*I do have periods of time when I'm not particularly well and I suppose on those occasions I'm careful who I'm around. (Ben, p5)*

(3f). Environmental triggers cause re-experience of the abuse and the linked secret keeping.

*I still get angry if something comes on the telly, an advert that someone been sexually abused. (Cathy, p9)*

*I monitor the television probably a little bit too much....I find it more difficult to tolerate anything that remotely looking like a child or adult that is going to get abused including things like war.  
(Gina, p11)*

- **Physical impact**

(3g). Adults developed physical illness.

*It's almost as if my body kind of collapsing a little bit because of it.  
(Bernadette, p9)*

- **Behaviour changes**

(3h). Children isolated themselves and withdrew from social and emotional intimacy.

*I was very withdrawn....I use to hate it when the bell rang for play, I would just be sat on the wall alone. (Cathy, p1)*

*The world was dreadful in order to decrease the amount of disappointment and pain we withdrew even from each other. (Ben, p2)*

*I went to the bottom of the garden or I went to my bedroom.  
(Bernadette, p14)*

*It was like living in a bubble. (Ben, p4)*

*Living in my own world it was like been in a little bubble...this thing trapped inside....it was like I was in a different world not really understanding (Jade, p5)*

*I just wanted to be at the back of the class and not be noticed basically, felt like I was invisible, I wanted to be invisible. (Cathy, p3)*

(3i). Children used behavioural adaptations to mask their real experience.

*The outside projected something completely different that was going on in the inside. (Jade, p2)*

*I would go into class with a smile on my face that every thing was ok and it wasn't. (Cathy, p3)*

*I always used to want to please everybody I had this thing about always trying to do my best and pleasing. (Bernadette, p10)*

(3j). The participants used various patterns of behaviour throughout life.

*Once I got to about sixteen I went through a phase of being very hostile. I would provoke aggression. (Ben, p4)*

*I wasn't ok, I didn't cope. I coped, the best I could as a child but just not wanting to be around. (Cathy, p3)*

*I used to pinch sweets from the local shop and then feel terrible about it. I would go to a certain place, eat them, feel dreadful and make myself sick. (Gina, p3)*

*I use to wet the bed because I didn't know when my brother was going to come into the room. (Cathy, p1)*

*I do a lot of avoiding through out my life. (Gina, p11)*

*I was always quite clingy to my mum I wanted her in sight all the time. (Jade. P3)*

*Once I had got a friend I wanted to hang on to them. (Bernadette, p5)*

*I use to get attached to certain teachers and would try and please them. (Bernadette, p11)*

*I would stick around my dad a lot when he was there. (Gina, p6)*

*I was always looking for another father or mother figure someone to take care of me. (Jade, p8)*

*I started drinking at fourteen and smoking. Alcohol was my best friend because all those feeling I had as a child of feeling withdrawn not being able to mix, to feeling totally introvert. I started to feel like an extrovert. (Cathy, p5)*

*The drugs and the drink both became my coping mechanism, they were my crutch...I still see myself as a very anxious person I don't drink or take drugs today. (Cathy, p8)*

- **Patterns of relating throughout life**

(3k). Children lost their sense of self and developed a sense of themselves as 'different' to their peers.

*I felt so different to the other kids...I couldn't study, I didn't want to be in school because I couldn't focus on my work I was bottom of the class in every single subject, I couldn't read, I couldn't write I just couldn't study...I couldn't mix I didn't want to be in school and I didn't want to be at home. (Cathy, p3-4)*

*I felt very odd, I think I was well liked by the other kids but I just never felt connected. (Gina, p7)*

*I just felt so odd. (Ben, p3)*

*I didn't really take it in what we were doing in school because I had other things on my mind of what's going to happen. (Jade, p2)*

*I couldn't be the child I wanted to be. (Cathy, p9)*

*I couldn't be me. (Bernadette, p12)*

*I felt very different to the other kids, they had smiles on there faces and they were enjoying themselves and it wasn't like that for me. (Cathy, p3)*

*It was humiliating, it's the shame that's crippling and you think that people going to see you as something different, something bad. (Ben, p5)*

*I felt a bit like nobody would want me because I'm different but I couldn't tell them how I was different. (Jade, p4)*

*I wanted to be like everybody else. (Bernadette, p11)*

*It leaves you feeling like sub-human, you don't feel like a real human being and it's not reparable. (Ben, p6)*

(3l). Participants experienced lasting confusion and uncertainty about their relationships.

*I was re-abused again by somebody else... I think that sort of set a pattern as I was an easy target. (Jade, p9)*

*I ended up with a husband who was an abuser himself. (Bernadette, p6)*

(3m). Participants experienced negative impacts on their relationships with others.

*I dealt with it by never really, never connecting with the outside world. (Ben, p2)*

*You just didn't form them even my best mate... Relationships with adults were bad, impossible you couldn't talk to them in any way they were just to be avoided. (Ben, p3)*

*Overall affect of keeping the secret is it has a powerful affect on controlling how you feel about yourself in relationship with others. (Gina, p11)*

*I couldn't have a relationship with a women again my marriages  
were crap. (Ben, p7)*

- (3n). A child experienced negative impact in relationships as a consequence of moving home  
and country.

*I had a fantasy for a while that the reason for the move was because  
that had been going on as either punishment to me, to take me away  
from everything because I have done something wrong or to  
rescue me. (Gina, p1)*

- (3o). Participants are selective about who they share their information about their abuse  
with in the present day.

*I am still very, very weary of people I have to feel comfortable of  
people or my barriers will just come straight up. (Cathy, p9)  
I suppose it never leaves you really...it's always there. (Jade, p11)*

*I'm certainly not keeping the secret anymore. (Cathy, p8)*

.....

**Proposition 4: There are various aspects to the process of disclosing the secret.**

(4a). A child desired to disclose the secret of their abuse, but was unable to.

*I wanted to blurt it out when my parents were having rows...it was right on the edge of my tongue and I thought something stopped me. 'I can't because one false slip of the tongue and saying the wrong thing it would just be fireworks it would all be my fault'. (Jade, p8)*

(4b). Participants experienced disbelief and misunderstanding from significant others throughout their lives.

*My mum still didn't believe me. She told everyone I was going mad, I think that was the hardest part for me. (Cathy, p8)*

*I did write to the children's home, but they diened all knowledge of it...they didn't even say sorry. (Bernadette, P7)*

*Systems let you down, it really, really shouldn't happen, nobody unless they have experience it knows how devastating it can be, ruins everything. (Ben, p7)*

(4c). Participants did not disclose their secret until adulthood.

*I couldn't keep it in anymore. I wanted to stand on the fucking roof and shout. (Cathy, p8)*

*I thought something really bad would happen to me even though I was an adult I wasn't a child anymore. I was still petrified because I had said something that I shouldn't have said. (Jade, p6)*

*Well I didn't disclosed until the police approach me and said that they were bringing this family to court and I thought fucking great and they asked me if I wanted to testify. I was terrified to. (Ben, p4)*

(4d). A participant desired to tell their secret through biography in the future.

*I've like to write my biography so it's like giving away the secret to the world but I'm still kept anonymous, nobody knows it's me so it's a kind of compromise. (Ben, p6)*

.....

## Chapter 5: Discussion

In carrying out this dissertation I was particularly looking for findings to demonstrate the impact of secrecy. After interviewing five participants and analysing the outcomes it became evident that there was not a clear dividing line as both the impact of keeping the secret and the impact of abuse seem merged. In reviewing the outcomes I have been unable to identify clear defining statements of the impact of keeping the secret of CSA and I could not differentiate the consequences of the abuse itself from the consequences of keeping the secret. However, issues that seemed to show the strongest relationship to keeping the secret were the **participant's experience of their own voice** in 3(a) and **negative impact on relationships** in 3(m). These will be discussed under proposition 3.

To continue this research I would undertake more refined interviews and structured questionnaires with a larger sample to see if it were possible to make a clearer definition, focusing on exploring if secrecy increases intensity of other abuse related consequences and whether there are consequences specific to the process of secret keeping. I would pay particular attention to participants' experience related to their voice and impacts on relating.

I have structured this discussion to follow the order of the propositions.

**Proposition 1** explores the various **reasons why my participants kept their secret as a child**. These include: believing there would be **negative outcomes**; **not understanding** the abuse; **not knowing they had a choice to disclose**; being **specifically told not to tell**; being **threatened**; **no recollection of threat** and **to protect others**.



Summit (1983) states initiation, intimidation, stigmatization, isolation, helplessness and self blame are dependant on the child construing the events in terrifying reality. It typically occurs when the child is alone with the perpetrator thus creating a distorted “intimacy” through isolation. The secrecy clearly signals that the abuse and its disclosure are bad and dangerous. Keeping the secret is paradoxically about fear and the promise of safety: ‘Everything will be all right if you just don’t tell’. The secret becomes heavier and heavier, an internal monster (Summit, 1983, p178).

### **Negative outcome**

Faller (1984) and Pipe and Goodman (1991) explain how children can be viewed as lying instead of keeping a secret. Children typically have more to fear than adults by telling a secret than by telling the truth. In (1a) Gina who was abused by a neighbour believed there would be a **negative outcome** if she disclosed:

*‘If I told my mum she wouldn’t understand, she would get angry’.*

Fear of the unknown if she disclosed is also what silences Gina. A child is typically left with blame and guilt. What I notice is the compulsion to keep the secret can be an attempt to stay within the protection of family bonds, the strength of these bonds not being sufficiently trusted to withstand disclosure of sexual abuse. The child then grows up with an untested hypothesis about the strength of these bonds, and the protection and soothing they so desperately need are possibly only a few words away, but the meaning and risk of anger, disbelief and blame could be as devastating as the abuse itself.

Gina's experience seems to be confirmed by Sanderson (2006) who indicates that children abused by a non-family member experience a different kind of threat to family attachments fearing disclosure will bring shame. The perpetrator may use distortion of reality, promoting their power and the child's tenuous position within a family if the abuse was discovered so the position of esteem and protection would dissolve if parents reacted badly. Everill and Waller (1995) add that although CSA is often experienced as excruciating, disclosure is very uncommon, and then often met with negative reactions.

### **Not understanding it was abuse**

Child Line (2003) identified that many children do not recognize they are being sexually abused as the perpetrator(s) define sexual contact as regular and acceptable intimacy. A younger child is more susceptible to re-definition especially if the process seems like a game to coerce the child (Sanderson, 2006). Cathy (1b) **did not understand what was happening**:

*'I didn't know it was abuse'*

Cathy did not know whether it was the norm or not, so with a child's reasoning capacity and powerlessness can only assume it is part of life that she had to accept and not challenge.

### **Not knowing they had a choice to disclose**

Typically children will not ask questions or disclose. If the child, in rare circumstances, can find a way of feeling sufficiently safe from harm or shame to themselves or important others, a child may disclose. The most frequent path is of self imposed isolation, exemption from intimacy and developing trusting relationships and the concomitant confidence and esteem (Summit, 1983). Three participants spoke of **not knowing they had a choice to disclose** in (1c):

*'I was so paralyzed with fear of what would happen to my parents if they found out' (Gina)*

I notice that participants describe pre-existing circumstances that have nowhere and no-one to take the secret to and so the chance of being selected as an abuse victim is weighted against them, a perpetrator perhaps consciously or unconsciously able to identify a child who is easy to silence. This adds to the complex picture of what circumstances promote silence. A fuller life story from participants may help illustrate the relationship between the components of secret keeping.

### **Specifically told not to tell**

The higher level power that silences the child is the implicit trust within the child-adult dynamic. A small child has no capacity to stand up to a perpetrator either physically or psychologically and older children have usually already been trained to give way to adults. The abuser usually insists that the child keep ‘their secret’, and the shame and guilt felt by the child reinforces the need for secrecy (Alic 2001). In (1d) Gina and Jade were **specifically told not to tell**:

*‘I was told it was a special secret and I mustn’t tell anybody’ (Jade)*

The responsibility and weight for the secret keeping being foisted on the child is the pivotal link when looking at this study’s outcomes. If a child is carrying too much weight they cannot grow at what would be their normal developmental pace. It is easy to see how their education, sophistication at relating to others, growing a strong and confident sense of self and being in charge of your own voice are all thwarted by the constancy of this overwhelming task of holding the secret (Blume, 1990).

### **Threats**

Children abused frequently typically experience being threatened to remain silent. An authoritarian abuser using aggression is more likely to groom their victim through progressively encouraging powerlessness. However, force and threat is unnecessary as entrapment

automatically creates powerlessness (Finkelhor and Browne, 1985). Sanderson (2006) concurs that a perpetrator does not usually need to use physical force because of the power differential between a child and an adult.

Furniss (1991) and Rieser (1991) state children fear that disclosure will result in the dissolving of their family through divorce, separation and being taken into care. In some cases, the child's fears are confirmed when the child does disclose or the abuse is identified by another and reported. Ben, Gina and Jade in (1e) speak of their **threats**:

*'The threat of increasing the abuse' (Ben)*

A threat can increase the weight of the secret and fear that a child has to live with. Kaufman, Hilliker and Daleiden (1996) and Kelley, Brant and Waterman (1993) identify that threats increase the likelihood of maintaining the secret.

### **Protecting others**

Sanderson (2006) describes the common pattern of the child's overwhelming desire to protect the non-abusing parent, so they internalize the experience, their many reactions and fears of what the facts would do to others and do not disclose. Wyatt and Newcomb (1990) concur that the closer the family relation or enmeshment, the greater the loyalty and protection of the perpetrator and the family system itself, it often being a precarious functioning system at best, again reducing the likelihood of "breaking rank" to disclose. This continues the internal practice of giving way to others, an impact of secret keeping I believe that continues to weave through the personality. Jade and Gina spoke about **protecting others** in (1f).

*'I was terrified that the same thing would happen to my brother. I used to make up stories about how bad the next door neighbour was to scare him.*

*I didn't want him to go in there at all' (Gina)*

Jade and Gina communicate a strong sense of needing to protect others because they are loved but also to protect the self from their disintegration. It is a natural drive to protect the things that protect you in order to survive. So keeping the secret could be seen as a primary survival function.

**Proposition 2** explores the various **mechanisms used throughout life to maintain the secret.**

Theses include: **monitoring; repeating messages; suppression; and being secretive** about personal information.

Alaggia (2004) and Ullman (2003) state a child is reluctant to expose abuse because of factors, including shame, fear of harm by or to the perpetrator, family protection and lack of conscious memory of all aspects of the abuse. Kogan (2005) adds that children are less likely to tell others about abuse that is severe, long term and by a family member.

### **Monitoring**

In (2a) Gina spoke of how she used suspicion and **monitoring** to help her guard her information:

*'I monitor myself around conversations, so it was a lot of monitoring' (Gina)*

### **Repeating messages**

In (2b) Jade speaks of the **repetition** in her mind to keep the secret:

*'You mustn't tell, mustn't tell, so when you're living with that all the time  
in your head you can't think of anything else'*

## Suppression

Bernadette was the only participant who **suppressed** the experience of abuse until memories in adulthood were triggered. I consider this is possibly related to her abuse occurring between the age of three months and two years old. The brain is not sufficiently developed to process experience with language and so a pre-verbal child has no words to describe and make sense of her experience, firstly to herself then to a significant other through disclosure (Stern, 1985). Therefore her body keeps the secret from herself and others. In (2c) Bernadette expresses:

*‘There are so many gaps in my life where my memory has just blocked it out it’s keeping the secret from my self’*

Bear (2001) reminds us that the mind uses repression to place overwhelming or unacceptable cognitions, sensations and impulses into the unconscious. This mechanism of repression is itself unconscious. The result of suppression is also that something is moved to the unconscious however it is as a result of a conscious decision in order to maintain internal equilibrium and capacity to continue functioning. Although Bernadette uses the word suppression, she could equally be referring to repression having considered her description and age when abused. Further interviewing would be necessary to clarify this. Lane and Wegner (1995) propose a preoccupation model where the process of maintaining secrecy requires a series of cognitive processes culminating in obsessive preoccupation with the secret itself and secrecy. They identified positive correlations between thought suppression and intrusive thoughts. A primary element of the preoccupation model is a phenomena characteristic of PTSD, that is thought suppression and thought intrusion. In light of Bernadette’s statements I have considered the possibility that the impact of maintaining the secret for Bernadette at least contributes if not creates her reported PTSD symptom of suppression but feel the outcomes are not sufficiently discrete from the impact of the abuse itself.

## Secretive

Bean and Bennett (1997) state that breaking the silence about CSA can be a powerful tool for healing, thus suggesting that secret keeping is unhelpful for psychological health. In (2d) Jade and Gina speaks of being **secretive** in adulthood:

*‘Trying to get some help for myself, all very secretive, I am still quite secretive  
in certain things today’ (Jade)*

Continuation of a habit past the point of needing to keep the secret could be another long term impact of keeping a significant secret as a child.

*‘Keeping the secret whilst it was going on and then when it ended  
I was still keeping the secret’ (Gina)*

The greater the consequences of someone finding out the content of the secret, the greater the ‘secret keeping behaviours’ employed to maintain secrecy. Jade alludes to this becoming almost a habitual natural way of life.

*‘I knew I had a secret, it was worse when I was older’ (Jade)*

Further research, enquiring specifically about participants experience of ‘being secretive’ may produce more specific outcomes about the impact of secret keeping.

**Proposition 3** explores the many **long term consequences of abuse and keeping it secret**. I have covered them in four sections. These include:

**Psychological impact**: difficulty using their voice; anxiety; overwhelming affect; symptoms of PTSD; psychological illness and environmental triggers.

**Physical impact**: physical illness.

**Behaviour changes**: withdrawing; behavioural adaptations and behaviour patterns.

**Patterns of relating throughout life**: seeing self as different; lasting confusion; negative impact on relationships; negative impact when moving country and selective with those they share information with.

### **Psychological impact**

Some theorists consider that incestuous sexual abuse promotes or exacerbates anxiety, phobia, dissociative response, lowering of self esteem, increased likelihood of promiscuity, confusion about one's sexuality, sleep disturbance, PTSD symptoms, difficulty concentrating and an increase of symptoms triggered by experiences or symbolic representations of abuse such as sudden images in the media (Briere, 1989 and Gil, 1988).

#### **Difficulty using their voice**

A child is typically told not to disclose and threatened with a negative consequence if they do. A child will slowly develop a sense of 'safety' through deceit. Telling the truth causes catastrophe for self and family. Therefore it is safer to keep silent or 'lie'. Truth renders the child vulnerable and begins to equal danger. A pattern may develop of shutting down and responding with shallow bland statements, such as: 'ok', 'not much', 'nothing', or learning to lie in order not to 'give it away' (Fox, 1995) and learning this often through intimidation (Child Line, 2003).



Four participants spoke about **difficulties using their voice** in (3a).

*‘Although I had a voice, it was like I didn’t have a voice, nothing would come out of my mouth’ (Cathy)*

*‘The first time they had any recognition that I was going to start talking was they had taken me somewhere where there were some peacocks and I opened my coat and showed the peacocks my new dress when the peacock opened his feathers and that was the start of me making some kind of connection and communication so then I slowly started to speak’*

(Bernadette)

I have been unable to trace specific evidence stating that children have difficulty in using their voice despite having normal physical capacity to use their voice as a consequence of keeping a secret of CSA. However, Baker (2003) does speak of the psychogenic disorder that develops as a consequence of a psychological conflict, such as a traumatic event. Baker (2003) adds a trauma victim who finds it impossible to talk about difficulties and internal conflict may find it impossible to talk at all. It seems those that develop this disorder concluded they were in a circumstance too risky to use their voice. It seems participants are monitoring their voice to ensure the protection of the secret.

### **Anxiety**

Sanderson (2006) indicates that CSA victims often use hypervigilance, staying in a constant state of heightened awareness, watchful for threats and over-interpreting any level of risk, thus making it impossible for the body to relax; this in itself experienced as risky in case something is missed. Abused children often fear that their perpetrator, often parent, will be imprisoned (Russell, 1986;

Matsakis, 1991). Jade was threatened with her father's imprisonment if she disclosed and speaks of her **anxiety** in (3b)

*'Always being on alert and hypervigilant, watching what's going on and trying to be in control but you're not in any control at all. I couldn't relax, never could relax'*

### **Overwhelming affect**

Bass (1988) writes that children's authentic tendency to trust, is corrupted by adults who use the child's trusting quality. These children receive opposing messages from different people about who and what to trust. The trust breaking is more severe if the perpetrator is a family member. Cathy speaks of the **overwhelming affect** in (3c).

*Feeling confused about wanting to go home and not wanting to go home...I felt lost, confused and sad. (Cathy)*

### **Symptoms of PTSD**

PTSD is the most fundamental consequence of CSA despite it not being a presentation in every single victim (Corwin, 1989; Jampole and Weber, 1987; Wolfe, Gentile and Wolfe 1989). The increased level of trauma because the perpetrator is a relative, plus maintaining secrecy for a significantly long time, would generate an assumption of increased PTSD symptomology and severity (Pennebaker, Kiecolt-Glaser and Glaser, 1988). Bear (2001) reports that adult survivors of CSA experience flashbacks, re-living aspects of the trauma, nightmares, perceptual disturbance or hallucinations related to the abuser and of the abuse events. Three participants spoke of experiencing **PTSD symptoms** in (3d):

*'I used to get horrendous flashbacks, you know smells' (Cathy)*

## **Psychological illness**

Problems associated with the enduring impact of CSA include anxiety and depression, relationship and sexual difficulties, isolation, poor self-esteem, eating disorder and difficulties with physical contact and trust. Self harming and risk of suicide is significant particularly with people who also have dissociative disorders (Bear, 2001). Three participants spoke about their **psychological illness** in (3e):

*'I have had periods of clinical depression' (Gina)*

*'I ended up cutting myself and I took an overdose when I was about eleven' (Bernadette)*

What seems of fundamental importance is the widely held clinical assumption that children who maintain secrecy of abuse would experience greater intra-psychic distress. However, studies do not support this assumption. Bagley and Ramsay (1985) found a correlation between non-disclosure and a complex structure of dysfunction comprising aspects of depression, suicidal ideation, and self-esteem. However, when the research results were analysed more deeply the correlation became non-significant. Finkelhor (1979) also found that disclosure or non-disclosure did not relate to a subjective rating of trauma. This outcome suggests that any impact of keeping the secret is difficult to locate.

## **Environmental triggers**

Sanderson (2006) highlights the possible significant impact of images and concepts promoted through television, radio, film and publications triggering trauma based memory. In (3f) Cathy and Gina speak of **triggers**:

*'I monitor the television probably a little bit too much. I find it more difficult to tolerate anything remotely looking like a child or adult that is going to get abused' (Gina)*

### **Physical impact**

Strong affect and trauma related memory can be suppressed through physical tension. The consequence over time is that it drains energy and causes chronic physical problems such as headache, aches and pain and ailments commonly related to stress such as irritable bowel syndrome, chronic fatigue and gastric difficulties (Ainscough and Toon, 2000).

### **Physical illness**

Bernadette in (3g) was the only participant to speak about **physical illness**. I consider that because she initially suppressed the abuse, her body became the holding bay for the secret and so over time she displayed physical illness that leaked the secret.

*‘It’s almost as if my body was kind of collapsing a little bit because of it’ (Bernadette)*

### **Behaviour changes**

Courtois (1988) and DeYoung (1982) identify symptoms such as eating disorder, drug and alcohol mis-use, compulsive sexuality or avoidance, self destructive behaviours, self-mutilation, inappropriate interpersonal relating, aggression, and isolation as consequences of CSA.

### **Withdrawing**

The outcome for a child who is unable to disclose is possible continued abuse. Continued isolation means there is no support, and is a barrier to legal and therapeutic intervention. The wider circle of friends and acquaintances are also a threat to the child if they have knowledge of the abuse that can be passed back to their caregivers or others the child is protecting, so the impact of maintaining the secret is another layer of withdrawal (Schultz, 1990). Incapacity to talk through withdrawal can manifest in an increase in psychiatric or emotional symptoms (Sinclair and Gold 1997).

Four participants spoke in (3h) about **withdrawing** from social and emotional intimacy:

*‘I just wanted to be at the back of the class and not be noticed basically, felt like I was invisible, I wanted to be invisible’ (Cathy)*

*‘It was like living in a bubble’ (Ben)*

Withdrawal has a profound effect in developing adequate ease of relating to others which also has an effect on relating and respecting the self. This may be one of the most significant impacts of keeping the secret and indicates the need for further research.

### **Behavioural adaptations**

Sanderson (2006) describes that it requires enormous intra-psychic energy for a child to keep the real self and her authentic reactions invisible, in order to present a false self that the child perceives as acceptable to others and hide the threatening truth of who she is and what she has done. In (3i) participants spoke of **behavioural adaptations** to mask their experiences:

*‘I would go into class with a smile on my face that everything was ok and it wasn’t’ (Cathy)*

### **Behaviour patterns**

Engel (1991), Ratican (1992) and Bradshaw (1988) concur that behaviour patterns often developed to help cope with overwhelming affect. The consequential trauma of sexual abuse is an offence to the victim’s emotional core, and so impacts every aspect of the person’s life. Symptoms include outbursts, mood swings, dissociation and time blockages, extreme fears and phobias, addictions such as food, drugs and alcohol, compulsive/obsessive behaviour, nightmares, flashbacks (triggered by sensorial reminders), abusive behaviour (pattern repetition), self-destructive behaviour and choices, eating disorders, confusion, guilt, shame and helplessness.

All five participants spoke about various **behaviour patterns** such as their **secret keeping behaviour, attachment, anger, food, drug and alcohol abuse** throughout their life in (3j):

Walker (1992) underlines the fact that abuse can be extended and compounded once a child is placed in an inadequate care system which too regularly perpetuates abuse and profoundly lets the child down further. Ben speaks of his **secret keeping behaviour** within the children's home. His inability to speak and alert anyone in authority who may have been able to prevent further abuse, allow the abuse to continue.

*'It was necessary to keep the secret we were terrified of something worse happening' (Ben)*

Survivors of CSA oscillate between yearning to be **attached** and fearing attachment, the fear of rejection and abandonment leads to a need to please others by being over compliant (Sanderson, 2006).

*'I was always quite clingy to my mum I wanted her in sight all the time' (Jade)*

Evidence suggests **anger** is a common response to CSA, the person being compelled to do something against their wishes (Spaccarelli, 1994).

*'I went through a phase of being very hostile. I would provoke aggression' (Ben)*

Ainscough and Toon (2000) describe how food, alcohol and drugs are consumed to block negative and overwhelming affect. Consuming **food** offers instant solace and a way of distancing from unpleasant thoughts and feelings.

*'I used to pinch sweets from the local shop and then feel terrible about it. I would go to a certain place, eat them, feel dreadful and make myself sick' (Gina)*

Root (1989), Widom, Weiter and Cottler (1999) and Young (1994) state there is a higher rate of **alcoholism** and **drug** dependency in survivors of CSA compared with the general population.

*‘I started drinking at fourteen and smoking. Alcohol was my best friend. The drugs and the drink both became my coping mechanism’ (Cathy)*

Looking at the outcomes related to this proposition, it seems that most are underpinned by extreme anxiety. Another impact of secret keeping could therefore be continued experience of a higher level of anxiety than someone who has disclosed. Ullman (2003) acknowledges that disclosure of CSA can be helpful in the long term, although they may experience stress and anxiety from the disclosure in the short term.

### **Patterns of relating throughout life**

CSA can also trigger a sense of being very vulnerable and therefore unsafe. Children and adult survivors often shut down from emotional engagement and do not express their need or desire in relationship with others. This can compound the maintaining of the secret (Sanderson, 2006).

#### **Seeing self as different**

Holding a secret of CSA can escalate stigmatisation as it increases the sensation of feeling odd or different (Finkelhor and Browne, 1985). It is interesting to note that all five participants spoke in (3k) of their loss of self as a child and of **seeing themselves as ‘different’** to their peers.

*‘I felt so different to the other kids’ (Cathy)*

*‘You don’t feel like a real human being’ (Ben)*

It is not clear if they felt different because of the abuse or because they were keeping it a secret. The consequences of keeping such a secret is that the individual is pressuring the self or feeling pressurized by another to hide the real responses they have and so they have to live in an inauthentic way. The consequence of being inauthentic is to become removed from the real self, becoming hypervigilant, withdrawn and monitoring, so suppressing spontaneity. The isolating of the self perpetuates the sense of seeing yourself as different in your own eyes and so perceiving distance from the rest of the world.

### **Lasting confusion**

Blume, (1990) Gill, (1988) and Russel (1986) state that those abused by direct family members may have added difficulty in intimate relationships. There is often a pattern of short lived, shallow relationships to protect from fear of being overwhelmed, co-dependency, or aspects of sexual dysfunction. Ainscough and Toon (2000) suggest that those who have experienced CSA can become disempowered in relationships and re-create a similar dynamic within adult relationships, forming attachments with others who also abuse them. In (31) two participants spoke of **lasting confusion and uncertainty about their relationships**:

*'I was re-abused again by someone else. I think that sort of set a pattern as*

*I was an easy target' (Jade)*

### **Negative impact on relationships**

CSA can also affect the power dynamics within relationships and within the self. This can include a sense of never being in control, fearing a loss of control or fearing identity with the abuser. Schultz (1990) acknowledges that holding the secret of sexual abuse compounds difficulties in relationship and supports avoidance of relationship outside the family. The secret is



central to the horror of abuse. Ben and Gina speak of **negative impact on their relationships** in (3m):

*'I dealt with it by never really, never connecting with the outside world' (Ben)*

The outcomes that relate most specifically to the impact of keeping the secret of CSA appear to be in these participants statements. When considering the day by day experience of holding such a secret it makes sense that it would profoundly affect capacity for free spontaneous and intimate communing with another as this requires defenseless openness rather than hypervigilant presentation of the superficial self. Others, as well as the participant, are the less for this impact of secret keeping as they in turn do not experience a depth of relating from the person who has learnt to maintain secrecy and withhold the real self from the other.

#### **Negative impact in relationships when moving country**

Gina was the only participant that was abused in a different country and experienced confusion and **negative impact in relationships as a consequence of the move**. Gina speaks of this in (3n):

*'I had a fantasy for a while that the reason for the move was because  
that had been going on as either punishment to me,  
to take me away from everything because I had done  
something wrong or to rescue me'*

#### **Selective with those with whom they share information**

Cathy and Jade in (3o) spoke about how in the present day they are still **selective with those they share their information with**:

*'I am still very wary of people my barriers will just come straight up' (Cathy)*

**Proposition 4** explores the various aspects to the **process of disclosing the secret**. These include: **desire to disclose**; **experiencing disbelief** when doing so; **waiting until adulthood to disclose** and **desire to tell through biography**.

Sanderson (2006) indicates that disclosing abuse to a trusted person can assist a child to deal with and process their abuse experience. Identifying and disclosing permits the child to process, detoxify to a degree and re-integrate the experience. This suggests secrecy compounds the impact of CSA. This raises the question also of whether the taboo about abuse is about its occurrence or about it being identified and discussed.

Bean and Bennett (1993) explain that abuse victims frequently report the immeasurable psychological ease and internal resolution they can bring about through disclosure, dissolving the shame and myths of secrecy. Most people surviving abuse think they must maintain the secret. They expect they would be shamed, experience blame and they would incur punishment and/or disbelief. Significantly, they are the same beliefs that they held as children. These beliefs contribute to the adult's feeling of shame and guilt about the abuse. This research contrasts with Bagley and Ramsey's (1985) and Finkelhor's (1979) research who both concluded that disclosing CSA in childhood does not seem to reduce psychiatric symptoms commonly related to CSA. It may be that it is only an adult who can process the experience of CSA sufficiently to obtain relief from disclosure and that secret keeping serves as protection whilst a child, protection from the imagined or real potential havoc within the family or amongst caregivers once the secret of abuse is exposed. The same person as an adult can process the experience with more adult capacity for thinking, self-sufficiency and protection. Perhaps the common pattern of holding the secret as a child followed by disclosing in adulthood is the optimum path for the best outcome. If this is true this may have significant implications for child protection practice, counselling practice and

interventions, managing the information a child discloses as well as the systemic and legal processes that encourage disclosure.

In terms of disclosure, Kelly and McKillop (1996) note the correlation between the internal resource used to prevent information leaking and the degree of stress-related physical and psychological difficulties. Herman (1992) stated that the primary dynamic to contend with internally is the opposing needs to refute intolerable experience and to declare truth and reality.

### **Desire to disclose**

Somer and Swarcberg (2001) suggest that a child's decision not to disclose their abuse when they wish is likely to be because of being overwhelmed by the magnitude of these caustic events. Thus disclosing CSA can be perceived as compounding a bad situation for a child. Other research shows negative outcomes for not disclosing, consistent with Pennebaker's (1997) theory. Sinclair and Gold (1997) found the greater the desire for some victims to tell of the abuse, but did not, and not doing so the greater the difficulty in life adjustment. I feel this is very pertinent to the subject of keeping the secret of CSA. Specific questions about the desire to disclose in childhood would be included if I were to further this research. Jade in (4a) spoke of her **desire to disclose** but did not allow herself to:

*'I wanted to blurt it out when my parents were having rows, it was on the edge of my tongue and I thought something stopped me'*

Wyatt and Newcomb (1990) also discovered that maintaining secrecy was a significant predictor of long term negative consequences but recommended further research to help clarify the impact of disclosure and maintaining the secret.

### **Experiencing disbelief**

Many survivors of CSA delayed or did not disclose through fear of disbelief by a significant other, thus compounding pain and betrayal (Furniss, 1991 and Summit, 1992). This anxiety is an abusers weapon and the tragic reality for children who risk disclosure. Having disclosed unsuccessfully they also then risk further abuse having to continue with additional fear and hopelessness. Berliner and Conte (1995) and Gomes-Schwartz et al (1990) found almost ten percent of children reporting CSA met disbelief. Three participants in (4b) spoke of **experiencing disbelief** and misunderstanding:

*‘My mum still didn’t believe me. She told everyone I was going mad, I think that was the hardest part for me’ (Cathy)*

Internalised injunctions regarding disclosure may continue to unconsciously influence decisions to act in the adult survivor, heightened if previous experience of disclosure resulted in a dismissive or unhelpful emotional reaction from caregivers or professionals.

### **Waiting until adulthood to disclose**

Studies of survivors show negative effects from delaying disclosure on their psychological symptoms (Somer and Swarcberg, 2001). Roesler and Wind (1994) calculated from their studies that the average age of a person disclosing incest is nearly twenty six years old. Perhaps the decision to disclose signals an internal shift from silenced victim to ‘indignant survivor’. My five participants **waited until adulthood to disclose**, the years ranged from eleven to thirty two years. In (4c) Jade said:

*‘I thought something really bad would happen to me even though I was an adult I wasn’t a child anymore. I was still petrified because I had said something that I shouldn’t have said’ (Jade)*

### **Desire to tell through biography**

In (4d) Ben was the only participant that spoke about the **desire to tell through biography** in the future:

*‘I’d like to write my biography so it’s like giving away the secret to the world but I’m still kept anonymous, nobody knows it’s me so it’s a kind of compromise’*

Outcomes gave some important insights relating to how children are forced into keeping the secret: **(1e) threats to ensure silence**. Ben, Gina and Jade spoke of specific threats. The primary importance of a threat may dismantle a child’s capacity for telling the truth. (Furniss, 1991 and Rieser, 1991)

The following findings relate to keeping the secret and some of the consequences: **(3a) difficulty in using their voice**. Gina, Cathy, Bernadette and Jade all stated that although they had a voice they would ‘shut up’. I am curious that there is so little research about the role of the voice as every participant clearly identified this as key. Does this parallel a lack of researcher’s voice in this area?

It was apparent in **(3d) PTSD symptoms** Cathy, Gina and Bernadette experienced symptoms of PTSD which link to research that propose that PTSD and sexualized behaviours are the most fundamental consequence of sexually related trauma. In the analysis of Bernadette’s statements I separated out suppression from other PTSD symptoms as this mechanism seemed to indicate a closer relationship with secrecy and so consider the hypothesis that the impact of keeping the secret is specific to this PTSD symptom as separate from other trauma symptoms. Further research may clarify this and be helpful in directing clinical intervention.

In **(3h) withdrawing behaviour** Jade and Ben both spoke about ‘living in a bubble’. Sanderson (2006) indicates the child is likely to withdraw so the secret is not exposed. Additionally in **(3k) seeing self as ‘different’**, all five participants identified this. Sanderson (2006) writes the child living with CSA is isolated and feels the stigma of this difference with nowhere to belong and attach safely.

The final main finding was in **(3m) negative impact on relationships** where Ben and Gina speak of this. Sanderson (2006) writes remoteness from significant others can lead to a sense of invisibility. This confuses the child as they may have a sense that their needs can be seen without divulging the secret, not knowing that they are hiding themselves as well as the secret and thus threatening the child’s existence.

Another interesting finding to note is Bernadette was the only one that reported suppression of abuse and was the only one that stated having physical illness. With reference to Lamb and Edgar-Smith’s (1994) study on page 10 (lit review) most children refrain from disclosing until they are an adult. All five participants echo these findings and did not disclose until adulthood. I think the timing of disclosure is significant. I believe it happens once a survivor has grown to a point of interpersonal sufficiency and able to sustain the risk of disclosing. As discussed, I believe this has implications for social, therapeutic and legal practice and interventions.

I would be fascinated to continue the next stage of this research. What has emerged for me is the outcomes as summarised above but also the need to pay attention to the method of finding the important and sometimes elusive key pieces of information from which can be drawn a more realistic picture of the intricate dynamics of keeping the secret and its impact. The process of a person learning day by day to keep a secret is self teaching in secrecy, becoming secretive. I feel

this is paralleled in the process of trying to learn the secrets of the impact of keeping a secret. I could not see the outcomes of this research study without looking and looking again for the tiny tips of the iceberg that may indicate the real experiences of secrecy and their impact on the person's personality, sense of self, life and choices. A researcher may need to be aware of the nature of the material and process of some participants that may find it so difficult to disclose many aspects of keeping a secret.

## Chapter 6: Conclusion

To keep the secret of having been sexually abused is to be profoundly lonely. It is extremely difficult to connect with the reality that another child could also have experienced something similar. If a child keeps the secret for three years, that equates to a thousand days of practicing the art of deception. A thousand days of profound loneliness where the secret becomes as painful as the abuse. It seems harsh to then ‘punish’ children for ‘lying’, when deception is the way they have cultivated to keep safe (Fox, 1995).

The aim of this qualitative study was to explore the impact of keeping the secret of childhood sexual abuse. After interviewing five participants the outcomes show significant overlap between the impact of keeping the secret and the impact of abuse. However what seems to show the strongest relationship to keeping the secret was **3(a) difficult using their voice and 3(m) negative impact on relationships**. The other main findings were related to: **1(e) threats to ensure silence; 3(d) PTSD symptoms; 3(h) withdrawing behaviour and 3(k) seeing self as different**.

The interview process did not clearly identify the differences of secret keeping and abuse itself so this raises the question of whether the impact of keeping the secret can be separated fully from abuse. If they cannot be separated, is this because there is no sufficiently sophisticated methodology that offers a way of illuminating this difference, or is the difference something that cannot be separated out in a person’s internal experience once they are an adult.

I wonder also if the results would show any differences if my participants had kept the secret for a shorter period of time, such as a couple of years, so that the keeping of the secret is clearer and



a more accurate memory recall as my participants on average kept their secret for twenty years. Over time does this lessen the impact?

A limitation of this study was all participants taking part were counsellors and not clients starting the beginning of therapy. This could make a difference to memory recall, as counsellors would have had a significant amount of therapy and personal development? Counsellor's material may actually be less accurate and so less useful to the researcher. Also of significance is the social and societal context which now encourages reduced threat if abuse is disclosed. This may represent a substantial difference for here and now abuse than for historic abuse. On this basis, further research needs to factor in these changing dynamics.

Although I have some disappointment in not defining more clearly the impact of secrecy in tangible terms and so increase the understanding and knowledge about secret keeping, I feel this study was worthwhile. It has stimulated my thinking about child abuse survivors and how much their issues are due to the abuse itself and how much is due to the consequences of keeping of their secret. I also believe it has focused the need for research around specific aspects and possible outcomes of secrecy and further research may be able to further these leads. Another question I am left with is whether one or the other is more damaging? Does keeping the secret make the abuse worse or does it protect the abused person? It could be argued that the secret keeping is more than the abuse itself as the abuse is something that happens at points in time whereas the secret keeping is ongoing and has to be managed and lived with within the mind as separate from managing and living with the memory of the abuse. An important question in terms of human recovery and therapy relates directly to disclosure. If a child discloses and is believed and supported are they then more likely to recover than somebody who has moved into adulthood still keeping their secret.

*‘Secrecy is thus, so to speak, a transition stadium between being and not-being’*

( Georg Simmel, 1858-1918)

Newton (2001) identifies that many practitioners and researchers believe sexual abuse is the most under-reported abuse because of the secrecy factor. Tufts researchers (1984) cited in Brown and Finkelhor (1986) identified that those children who took longer to disclose their abuse correlated with a lesser degree of anxiety and showed and reported the least hostility. These findings suggest the decision to maintain secrecy or to report abuse relates to various aspects of the abuse and its context, thus preventing clarification of the impact of secrecy alone.

Moving on I feel this research has provoked questions for further research through structured questionnaires and semi structured interviews with a larger sample to see if a clear dividing line can be made between impact of secrecy and the impact of CSA itself. Further research, relating to impact of keeping the secret, could be to study participant responses about keeping the secret of difficult childhood experiences other than CSA, such as witnessing murder, parental divorce and loss of a parent.

I hope that this research and the sharing of my participant’s experiences helps raise the reader’s awareness and offers a broader understanding of how the impact of keeping the secret impacts people who have been sexually abused in childhood. To allow (Jade, p7) to summarise:

*‘You wouldn’t tell your worst enemy to keep a secret, to actually hold something and to live with it all your life’*

## References

- Ainscough, C, & Toon, K. (2000). *Breaking Free: Help for Survivors of Child Sexual Abuse*. (2<sup>nd</sup> Ed.). London: Sheldon Press.
- Alaggia, R. (2004). Many Ways of Telling: Expanding Conceptualizations of Child Sexual Abuse Disclosure. *Child Abuse and Neglect*, 28, (pp. 1213-1227).
- Alic, M. (2001). Sexual Abuse. *Encyclopedia of Psychology*. Retrieved from [http://findarticles.com/p/articles/mi\\_g2699](http://findarticles.com/p/articles/mi_g2699)
- Anderson, J, Martin, J, Mullen, P, Romans, S, & Herbison, P. (1993). Prevalence of Childhood Sexual Abuse Experiences in a Community Sample of Women. *Journal of American Academy of Child and Adolescent Psychiatry*, 32, (pp. 911-919).
- Andrews, G, Gould, B, & Corry, J. (2002). Child Sexual Abuse Revisited. *The Medical Journal of Australia*. Retrieved from [http://www.Mja.com.au/public/issues/176\\_10\\_200502/and10179\\_fm.html](http://www.Mja.com.au/public/issues/176_10_200502/and10179_fm.html).
- Arata, C. (1998). To Tell or Not to Tell: Current Functioning of Child Sexual Abuse Survivors Who Disclosed their Victimization. *Child Maltreatment*, 3 (1), (pp.63-71).
- Atwood, J. (2007). When Love Hurts: Preadolescent Girls Reports of Incest. *The American Journal of Family Therapy*, 35, (pp.287-313).
- BACP. (2009). British Association for Counselling and Psychotherapy, Revised Edition. *Ethical Framework for Good Practice in Counselling and Psychotherapy*.
- Bagley, C, & Ramsay, R. (1985). *Disrupted Childhood and Vulnerability to Sexual Assault: Long Term Sequels with Implications for Counselling*. Canada: Winnipeg.

- Bailey, V, & Blackburn, S. (1979). The Punishment of Incest Act 1908: A Case Study in Law Creation. *Criminal Law Review*, (pp.708-18).
- Baker, J. (2003). Psychogenic Voice Disorders and Traumatic Stress Experience: A Discussion Paper with Two Case Reports. *Journal of Voice*, 17 (3), (pp.308-318).
- Bass, E, & Davis, L. (1988). *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. Cambridge: Perennial Library.
- Bean, B, & Bennett, S. (1993). *The Me Nobody Knows*. San Francisco: Jossey-Bass.
- Bear, Z. (2001). *Good Practice in Counselling People Who Have Been Abused*. London: Jessica Kingsley.
- Beitchman, J, Zucker, K, Hood, J, DaCosta, G, Akman, D, & Cassavia, E. (1992). A Review of the Long-Term Effects of Child Sexual Abuse. *Child Abuse and Neglect*, 16, (pp.101-118).
- Berliner, L, & Conte, J. (1990). The Process of Victimization: The Victim's Perspective. *Child Abuse and Neglect*, 14, (pp.29-40).
- Berliner, L, & Conte, J. (1995). The Effects of Disclosure and Intervention on Sexually Abused Children. *Child Abuse and Neglect*, 19, (pp.371-384).
- Blackstone, M, Given, L, Levy, J, McGinn, M, O'Neill, P & Palys, T. (2008). Research Involving Creative Practices. *Interagency Advisory Panel and Secretariat on Research Ethics*. Ottawa Canada. Retrieved from [www.pre.ethics.gc.ca/creative\\_practice\\_chapter\\_jan\\_2008\\_EN.pdf](http://www.pre.ethics.gc.ca/creative_practice_chapter_jan_2008_EN.pdf).
- Blume, S. (1990). *Secret Survivors: Uncovering Incest and its Aftereffects in Women*. New York: Wiley & Sons.
- Bond, T. (2004). Ethical Guidelines for Researching Counselling and Psychotherapy. *Counselling and Psychotherapy Research*, 4 (2), (pp.10-18).

- Bradshaw, J. (1988). *Healing the Shame that Binds You*. Deerfield Beach, FL: Health Communications, Inc.
- Brinkmann, S., & Kvale, S. (2009). *Interviews: Learning the Craft of Qualitative Research Interviewing*, (2<sup>nd</sup> Ed.). London: Sage.
- Browne, A., & Finkelhor, D. (1986). Impact of Child Sexual Abuse: A Review of the Research. *Psychological Bulletin*, 99 (1), (pp.66-77).
- Cawson, P., Wattam, C., Brooker, S., & Kelly, G. (2000). Child Maltreatment in United Kingdom: A Study of the Prevalence of Child Abuse and Neglect, *NSPCC*. Retrieved from <http://www.nspcc.org.uk>
- Child Line. (2003). *Annual Report*. London: Child Line.
- Conte, J., & Schuerman, J. (1987). Factors Associated with an Increased Impact of Child Sexual Abuse. *Child Abuse and Neglect*, 11, (pp.201-211).
- Corwin, D. (1989). Early Diagnosis of Child Sexual Abuse: Diminishing the Lasting Effects. In G. Wyatt & J. Powell (Ed.), *Lasting Effects of Child Sexual Abuse* (pp. 25-270). Newbury Park CA: Sage.
- Courtois, C. (1988). *Healing the Incest Wound*. New York: W.W.Norton & Co.
- Cryer, P. (2000). *The Research Student's Guide to Success*, (2<sup>nd</sup> Ed.). Buckingham: Open University Press.
- Dale, P. (1999). *Adults Abused as Children. Experiences of Counselling and Psychotherapy*. London: Sage.
- Dallos, R., & Vetere, R. (2005). *Researching Counselling and Psychotherapy*. Maidenhead: Open University Press.

Dalzell, A. (2010). Shift from Counsellor to Counselling Researcher. *Therapy Today*, 21 (6), (pp.51-52).

Davies, M. (2007). *Doing a Successful Research Project: Using Qualitative or Quantitative Methods*. Basingstoke: Palgrave Macmillan.

deMause, L. (1998). The History of Child Abuse. *The Journal of Psychohistory*, 25 (3).

deMause, L. (2002). *The Emotional Life of Nations*. London: Karnac Books.

Denzin, N, & Lincoln, Y. (2005). *The Sage Handbook of Qualitative Research*. London: Sage.

DeYoung, M. (1982). *The Sexual Victimization of Children*. Jefferson, NC: McFarland & Co.

Draucker, C, & Martsof, D. (2008) Storying Childhood Sexual Abuse. *Qualitative Health Research*, 18 (8), (pp.1034-1048).

Driver, E, & Droisen, A. (1989). *Child Sexual Abuse: Feminist Perspectives*. Basingstoke: Macmillan.

Elliott, M, Browne, K, & Kilcoyne, J. (1995). Child Sexual Abuse Prevention: What Offenders tell us. *Child Abuse and Neglect*, 19, (pp.579-594).

Engel, B. (1991). *Partners in Recovery: How Mates, Lovers and Other Survivors can Learn to Support and Cope with Adult Survivors of Childhood Sexual Abuse*. Los Angeles: Lowell House.

Everill, J, & Waller, G. (1995). Disclosure of Sexual Abuse and Psychological Adjustment in Female Undergraduates. *Child Abuse and Neglect*, 19, (pp.93-100).

Faller, K. (1984). Is the Child Victim of Sexual Abuse Telling the Truth? *Child Abuse and Neglect*, 3, (pp.473-481).

- Farber, E, Showers, J, Johnson, C, Joseph, J, & Oshins, L. (1984). The Sexual Abuse of Children: A Comparison of Male and Female Victims. *Journal of Clinical Child and Adolescent Psychology*, 13 (3), (pp.294-297).
- Finkelhor, D. (1979). *Sexually Victimized Children*. New York: Free Press.
- Finkelhor, D, & Browne, A. (1985). The Traumatic Impact of Child Sexual Abuse: A Conceptualization. *American Journal of Orthopsychiatry*, 55 (4).
- Finkelhor, D. (1986). *A Sourcebook on Child Sexual Abuse*. Beverly Hills: Sage.
- Finkelhor, D. (1987). The Sexual Abuse of Children: Current Research Reviewed. *Psychiatric Annals*, 17, (pp.233-237).
- Finkelhor, D, Hotelling, G, Lewis, L, & Smith, C. (1990). Sexual Abuse in a National Survey of Adult Men and Women: Prevalence, Characteristics, and Risk Factors. *Child Abuse and Neglect*, 14, (pp.14-28).
- Fox, L. (1995). Exploiting Daily Events to Heal the Pain of Sexual Abuse. *Journal of Child and Youth Care*, 10 (2), (pp.33-42).
- Freud, S. (1896). The Aetiology of Hysteria. *Standard Edition*, (3), (pp.191-221).
- Fritz, C, Stoll, K, & Wagner, N. (1981). A Comparison of Males and Females who were Sexually Molested as Children. *Journal of Sex and Marital Therapy*, 1, (pp.54-60).
- Furniss, T. (1991). *The Multi-Professional Handbook of Child Sexual Abuse: Integrated Management, Therapy and Legal Intervention*. London: Routledge.
- Gil, E. (1988). *Treatment of Adult Survivors of Childhood Abuse*. Walnut Creek, CA: Launch Press.

- Glaser, B, & Strauss, A. (1967). *The Discovery of Grounded Theory*. Chicago, IL: Aldine.
- Gomes-Schwartz, B, Horowitz, J, & Cardarelli, A. (1990). *Child Sexual Abuse: The Initial Effects*. Newbury Park, CA: Sage.
- Hart, C. (2001). *Doing a Literature Search*. London: Sage.
- Herman, L. (1981). *Father-Daughter Incest*. Cambridge: Harvard University Press.
- Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- Holliday, A. (2002). *Doing and Writing Qualitative Research*. London: Sage.
- Jampole, L, & Weber, M. (1987). An Assessment of the Behavior of Sexually Abused and Non-Sexually Abused Children with Anatomically Correct Dolls. *Child Abuse and Neglect*, 11 (pp. 187-192).
- Jones, P. (1975). *Philosophy and the Novel*. Oxford: Clarendon Press.
- Jonzon, E, & Lindblad, F. (2004). Disclosure, Reactions, and Social Support: Findings from a Sample of Adult Victims of Child Sexual Abuse. *Child Maltreatment*, 9, (pp.190-200).
- Kaufman, K, Hilliker, D, & Daleiden, E. (1996). Subgroup Differences in the Modus Operandi of Adolescent Sexual Offenders. *Child Maltreatment*, 1, (pp.17-24).
- Kelley, S, Brant, R, & Waterman, J. (1993). Sexual Abuse of Children in Day Care Centers. *Child Abuse and Neglect*, 17, (pp.71-89).
- Kelly, A, & Mckillop, K. (1996). Consequences of Revealing Personal Secrets. *Psychological Bulletin*, 120, (pp.450-465).



- Kendall-Tackett, K, Williams, L, & Finkelhor, D. (1993). Impact of Sexual Abuse on Children: A Review and Synthesis of Recent Empirical Studies. *American Psychological Journal*, 113 (1), (pp.164-180).
- Kogan, S. (2005). The Role of Disclosing Child Sexual Abuse on Adolescent Adjustment and Revictimization. *Journal of Child Sexual Abuse*, 14 (2), (pp.25-47).
- Lamb, S, & Edgar-Smith, S. (1994). Aspects of Disclosure: Mediators of Outcome of Childhood Sexual Abuse. *Journal of Interpersonal Violence*, 9 (3), (pp.307-326).
- Lane, J, & Wegner, D. (1995). The Cognitive Consequences of Secrecy. *Journal of Personality and Social Psychology*, 69, (pp.237-253).
- Ligezinska, M, Firestone, P, Manion, I, McIntyre, J, Ensom, R & Wells, G. (1996). Children's Emotional and Behavioral Reactions Following the Disclosure of Extrafamilial Sexual Abuse: Initial Effects. *Child Abuse and Neglect*, 20, (pp.111-125).
- Lincoln, Y, & Guba, E. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Loftus, E. (1993). The Reality of Repressed Memories. *American Psychologist*, 48, (pp. 518-537).
- Matsakis, A. (1991). *When the Bough Breaks*. Oakland, CA: New Harbinger Press.
- Maykut, P, & Morehouse, R. (1994). *Beginning Qualitative Research a Philosophic and Practical Guide*. London: Routledge Falmer.
- McLeod, J. (2003). *Doing Counselling Research*, (2<sup>nd</sup> Ed.). London: Sage.
- McNulty, C, & Wardle, J. (1994). Adult Disclosure of Sexual Abuse: A Primary Cause of Psychological Distress? *Child Abuse and Neglect*, 18 (7), (pp.549-555).

- Memon, A, & Young, M. (1997). Desperately Seeking Evidence: The Recovered Memory Debate. *Legal and Criminological Psychology*, 2 (2), (pp.131-154).
- Mize, L, Bentley, B, Helms, S, Ledbetter, J, & Neblett, K. (1995). Surviving Voices: Incest Survivors Narratives of their Process of Disclosure. *Journal of Family Psychotherapy*, 6 (4), (pp.43-59).
- Newton, J. (2001). Child Abuse: An Overview. *Mental Health Journal*. Retrieved from <http://www.findcounselling.com/journal/childabuse/abuse-survivors-counselling.html>
- Ney, P, Moore, C, McPhee, M, & Trought, A. (1986). Child Abuse: A Study of the Child's Perspective. *Child Abuse and Neglect*, 10, (pp.511-518).
- NSPCC. (2007). *Child Sexual Abuse: Key Child Protection Statistics*. Retrieved from <http://nspcc.org.uk>
- Paine, M, & Hansen, D. (2002). Factors Influencing Children to Self-Disclose Sexual Abuse. *Clinical Psychology Review*, 22 (2), (pp.271-295).
- Patton, M. (1990). *Qualitative Evaluation and Research Methods*, (2<sup>nd</sup> Ed.). Beverly Hills, CA: Sage.
- Patton, M. (1991). Qualitative Research on College Students: Philosophical and Methodological Comparisons with the Quantitative Approach. *Journal of College Student Development*, 32, (pp.389-396).
- Pennebaker, J, Kiecolt-Glaser, J, & Glaser, R. (1988). Disclosure of Traumas and Immune Function: Health Implications for Psychotherapy. *Journal of Consulting and Clinical Psychology*, 56, (pp.239-245).
- Pennebaker, J. (1997). *Opening Up*. New York: Guilford.

- Pipe, M, & Goodman, G. (1991). Elements of Secrecy: Implications for Children's Testimony. *Behavioral Sciences and the Law*, 9, (pp.33-41).
- Potter, S. (2006). *Doing Postgraduate Research*, (2<sup>nd</sup> Ed.). London: Sage.
- Ratican, K. (1992). Sexual Abuse Survivors: Identifying Symptoms and Special Treatment Considerations. *Journal of Counselling and Development*, 71, (pp.33-38).
- Rieser, M. (1991). Recantation in Child Sexual Abuse Cases. *Child Welfare*, (pp.612-613).
- Roesler, T, & Wind, T. (1994). Telling the Secret: Adult Women Describe their Disclosures of Incest. *Journal of Interpersonal Violence*, 9 (3), (pp327-338).
- Root, M. (1989). Treatment Failures: The Role of Sexual Victimization in Women's Addictive Behaviour. *American Journal of Orthopsychiatry*, 59 (4), (pp.542-549).
- Rush, F. (1980). *The Best Kept Secret: Sexual Abuse of Children*. Prentice-Hall.
- Russell, D. (1983). The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children. *Child Abuse and Neglect*, 7, (pp.133-146).
- Russell, D. (1986). *The Secret Trauma*. New York: Basic Books.
- Sanders, P, & Liptrot, D. (1993). *An Incomplete Guide to Basic Research Methods and Data Collection for Counsellors*. Manchester: PCCS Books.
- Sanderson, C. (2006). *Counselling Adults Survivors of Child Sexual Abuse*, (3<sup>rd</sup> Ed.). London: Jessica Kingsley.
- Sauzier, M. (1989). Disclosure of Child Sexual Abuse: For Better or Worse. *Psychiatric Clinics of North America*, 12, (pp.455-469).

- Schultz, R. (1990). Secrets of Adolescence: Incest and Developmental Fixations. Incest-Related Syndromes of Adult Psychopathology. Ed. Richard Kluft. Washington, D.C: *American Psychiatric*, (pp133-160).
- Selltiz, C, Jahoda, M, & Deutsch, M. (1965). *Research Methods in Social Relations*. London: Methuen.
- Sinclair, B, & Gold, S. (1997). The Psychological Impact of with Holding Disclosure of Child Sexual Abuse. *Violence and Victims*, 12, (pp137-145).
- Smart, C. (2000). Reconsidering the Recent History of Child Sexual Abuse 1910-1960. *Journal Social*, 29 (1), (pp.55-71). Cambridge University Press.
- Smith, D, Letourneau, E, Saunders, B, Kilpatrick, D, Resnick, H, & Best, C. (2000). Delay in Disclosure of Childhood Rape: Result from a National Survey. *Child Abuse and Neglect*, 24 (2), (pp.273-287).
- Smyth, J. (1998). Written Emotional Expression: Effect Sizes, Outcome Types and Moderating Variables. *Journal of Consulting and Clinical Psychology*, 66, (pp.174-184).
- Somer, E, & Swarcberg, S. (2001). Variables in Delayed Disclosure of Child Sexual Abuse. *American Journal of Orthopsychiatry*, 71, (pp.332-341).
- Spaccarelli, S. (1994). Stress, Appraisal and Coping in Child Sexual Abuse: A Theoretical and Empirical Review. *Psychological Bulletin*, 116, (pp. 340-362).
- Spinelli, E. (2005). *The Interpreted World*, (2<sup>nd</sup> Ed.). London: Sage.
- Stern, D. (1985). *The Interpersonal World of the Infant*. Basic Books, Inc.
- Strauss, A, & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedure and Techniques*. Newbury Park, CA: Sage.

- Summit, R. (1983). The Child Sexual Abuse Accommodation Syndrome. *Child Abuse and Neglect*, 7, (pp.177-193).
- Summit, R. (1992). Abuse of the Child Sexual Abuse Accommodation Syndrome. *Journal of Child Sexual Abuse*, 1 (4), (pp.153-163).
- Taylor, S, & Bogdan, R. (1984). *Introduction to Qualitative Research Methods: The Search for Meanings*, (2<sup>nd</sup> Ed.). New York: Wiley.
- Teicher, M. (2002). Scars That Won't Heal: The Neurobiology of Child Abuse. *Scientific American*, 286 (3), (pp.68-75).
- Trepper, T, & Barret, M. (1989). *Systemic Treatment of Incest: A Therapeutic Handbook*. New York: Brunner Mazel.
- Ullman, S. (2003). Social Reactions to Child Sexual Abuse Disclosures: A Critical Review. *Journal of Child Sexual Abuse*, 12 (1), (pp.89-121).
- Walker, M. (1992). *Surviving Secrets*. Buckingham: Open University Press..
- Widom, C, Weiler, B, & Cottler, L. (1999). Childhood Victimization and Drug Abuse: A Comparison of Prospective and Retrospective Findings. *Journal of Consulting and Clinical Psychology*, 67, (pp. 867-880).
- Willig, C. (2008). *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Maidenhead: Open University Press.
- Wolfe, V, Gentile, C, & Wolfe, D. (1989). The Impact of Sexual Abuse on Children: A PTSD Formulation. *Behavior Therapy*, 20, (pp. 215-228).
- Wyatt, G, & Newcomb, M. (1990). Internal and External Mediators of Women's Sexual Abuse in Childhood. *Journal of Consulting and Clinical Psychology*, 58 (6), (pp. 758-767).

Young, R. (1994). Comparison of the Effects of Sexual Abuse on Male and Female Latency-Aged Children. *Journal of Interpersonal Violence*, 9, (pp. 291-306).

Yudkin, M. (1992). The Nightmare of Childhood Sexual Abuse: Survivors Speak Out. *Cosmopolitan*, (pp.246-249).

## Does Anyone Care

- 1/ Why is this happening  
now in my life  
just when i thought  
id got it right
- 2/ The horrible pain  
its all too much  
too much for one  
let alone six.
- 3/ All i need is help  
but its not that easy  
my god we tried  
do you think we just sat here
- 4/ one minute here all here  
and then they disappear  
just at that moment  
the knife cuts deeper
- 5/ Her ~~heres~~ parents  
and everyone's back  
for one day  
in one week  
in one month  
of one year
- 6/ Sorry but you  
got it wrong  
you picked the wrong day  
and now im gone
- 7/ now i dont need  
the help anymore  
one less to care for  
just a statistic  
an abused one in four

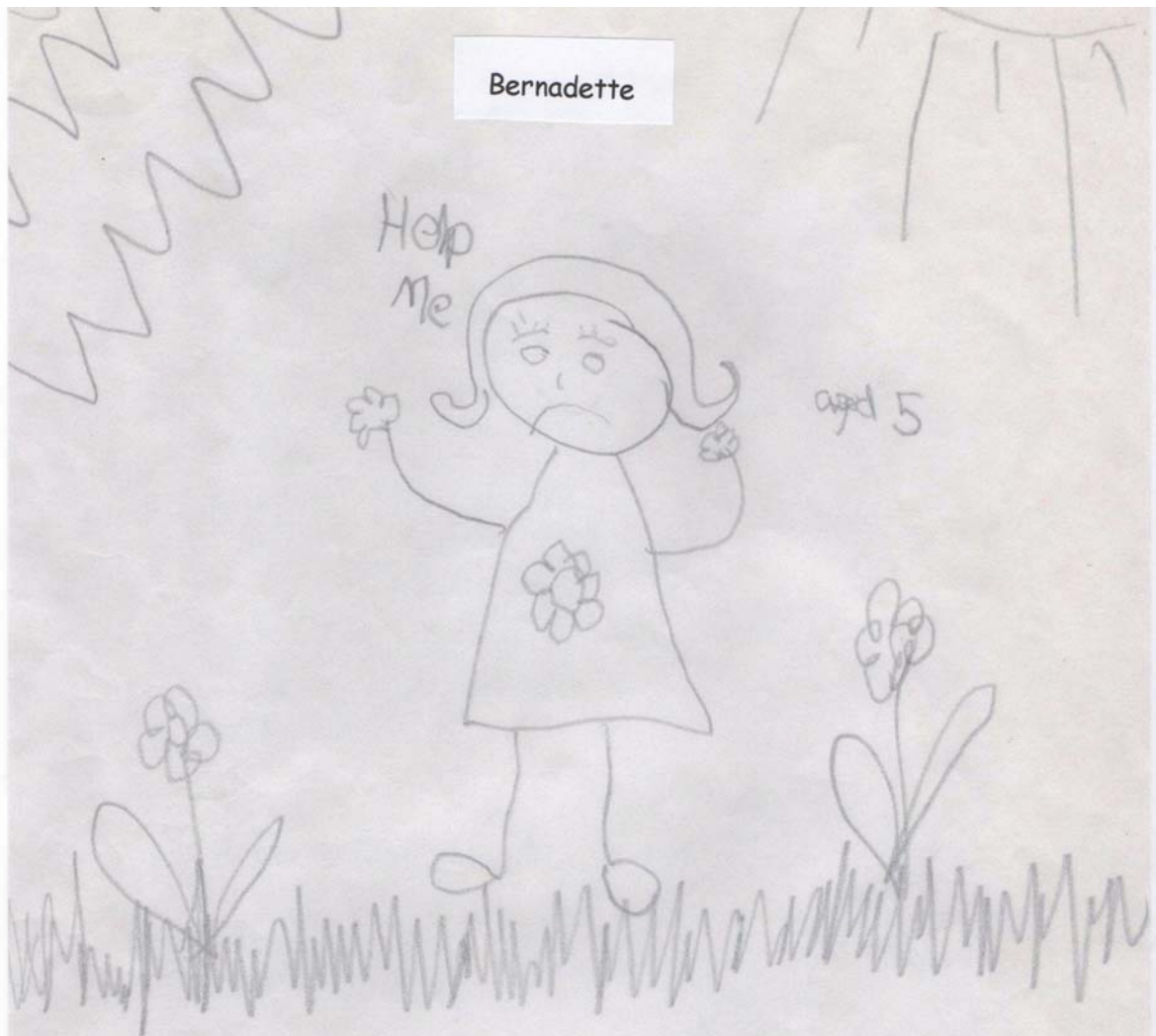
20/10/96

Poem written by Bernadette 15 years ago.

Bernadette

Help  
me

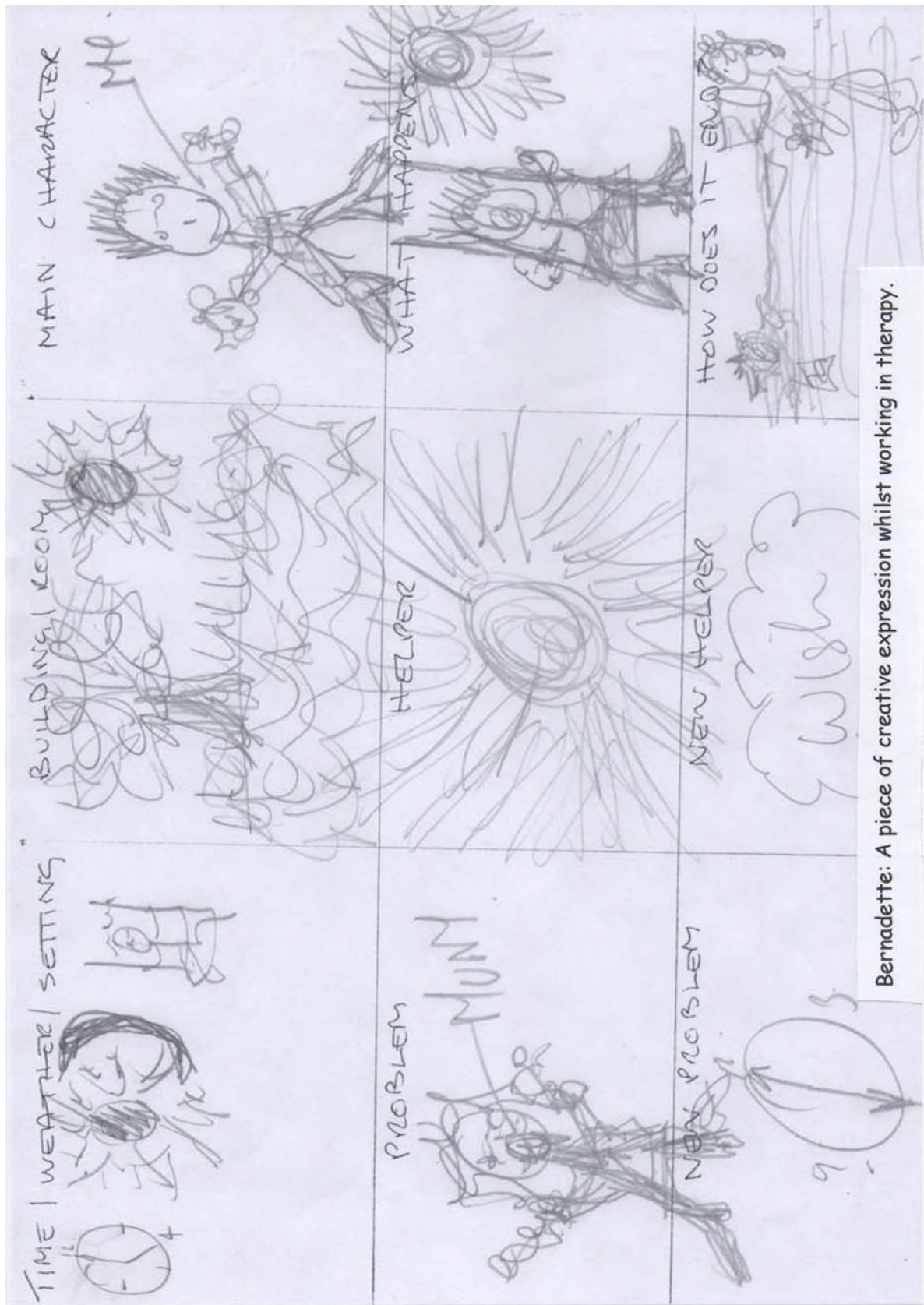
aged 5



Please please help me I don't want this  
anymore, don't let them take me away

My inner child 23.10.96





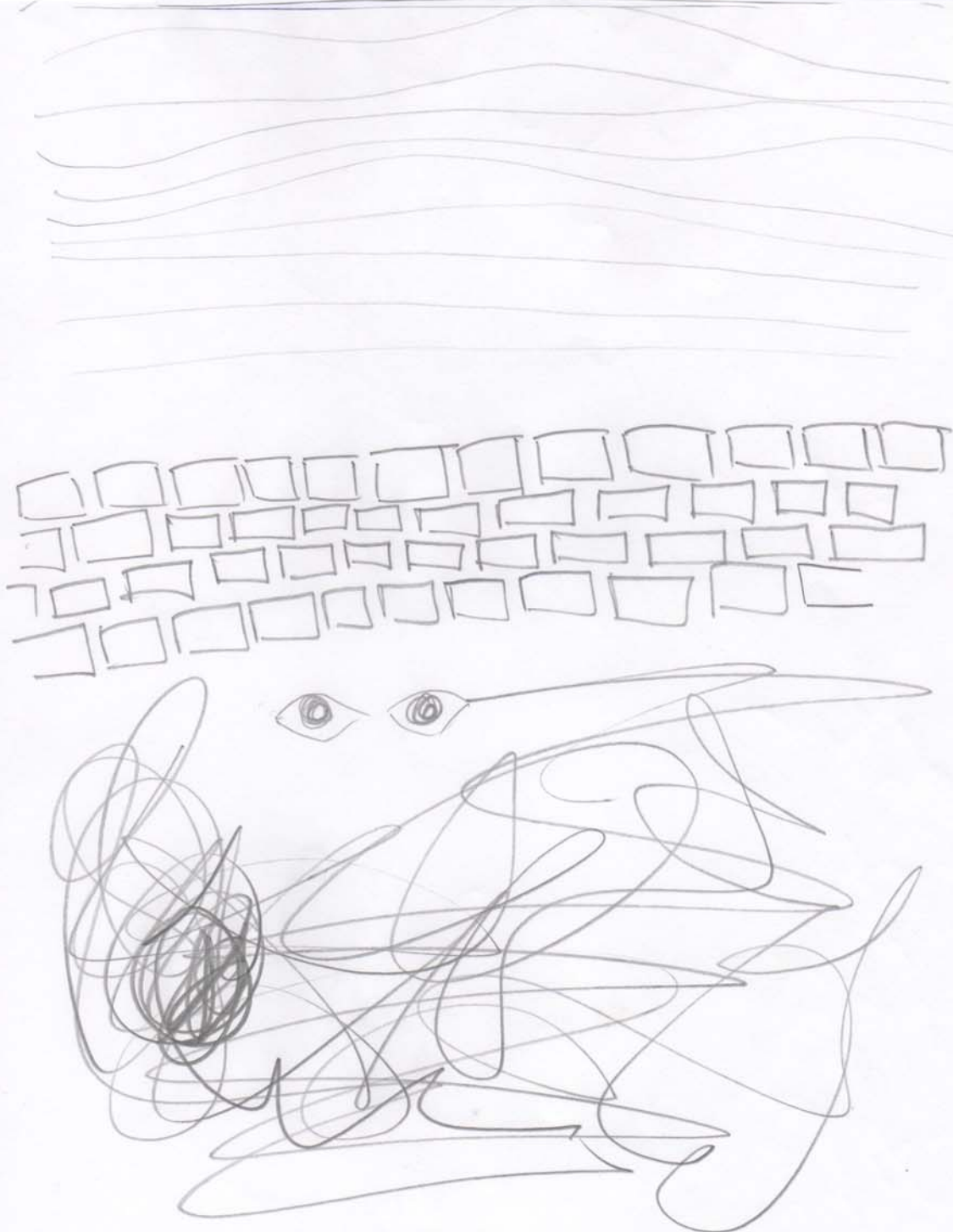
Bernadette: A piece of creative expression whilst working in therapy.

Cathy: "I have disconnected my body, and that's what I used to do."

NO  
VOICE  
COULD  
NOT  
TALK  
UNHAPPY  
Withdraw  
Lost  
Sad  
Lonely  
NO FRIENDS

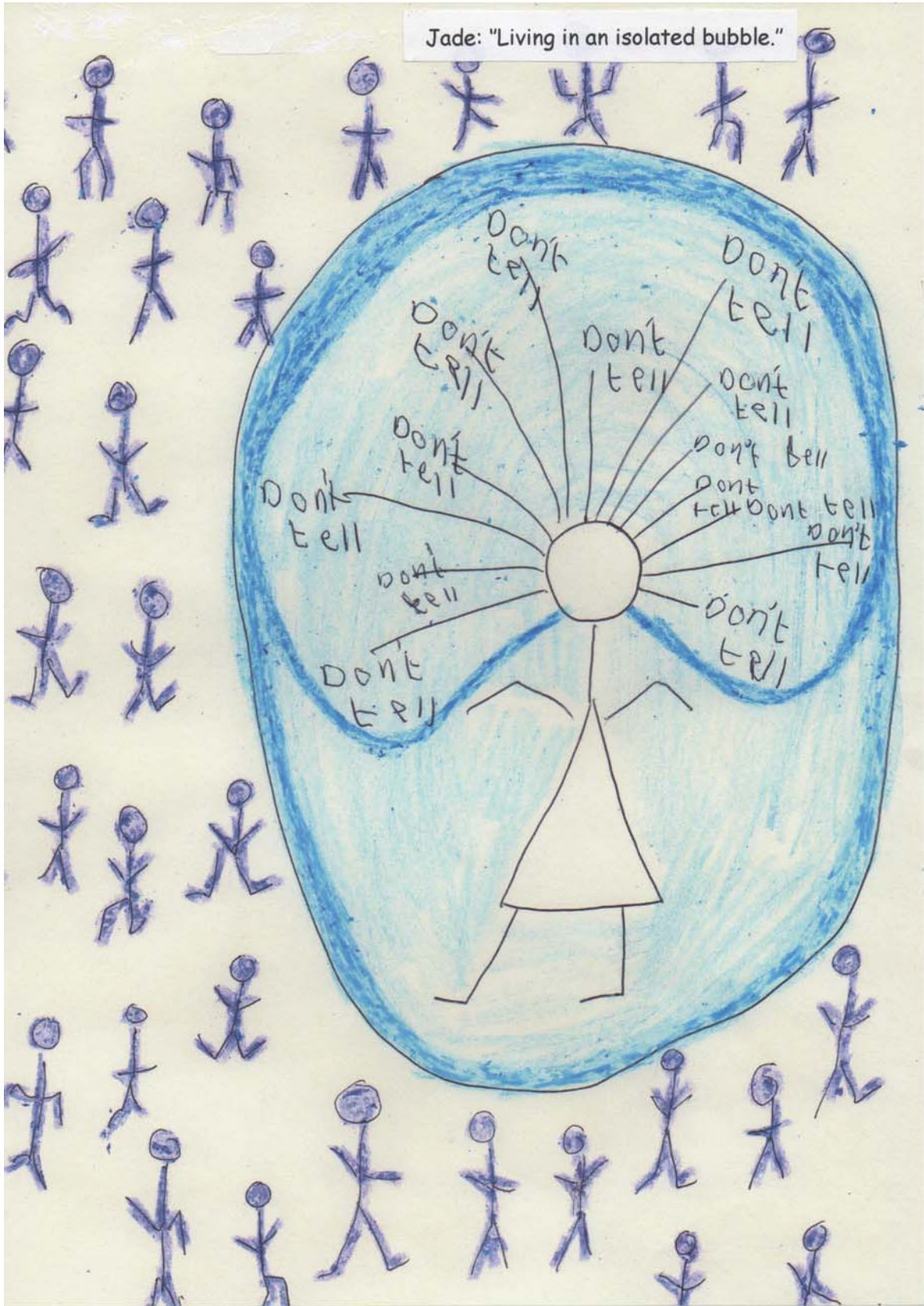
CONFUSED  
DID NOT WANT  
TO GO HOME  
AFRAID

Gina: "Keeping the secret built a massive, thick, invisible wall. It separates my messy internal world from the external world which looked so ordered. The world can see in and see all the badness."



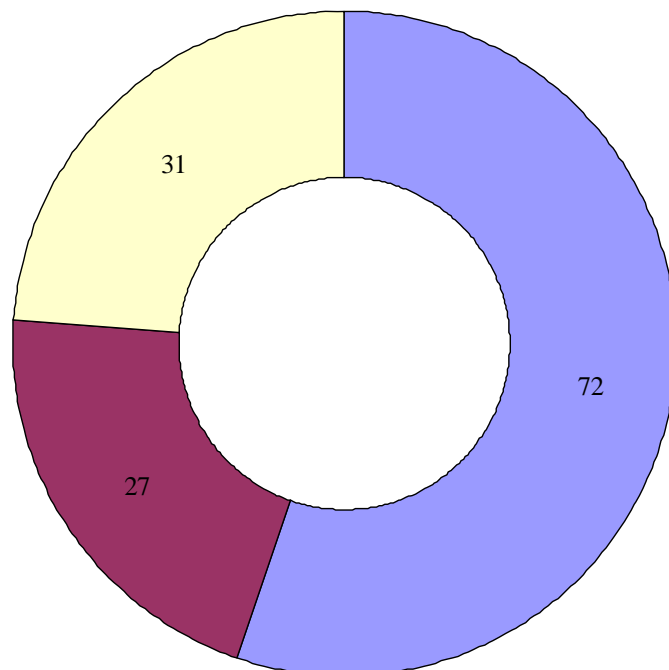


Jade: "Living in an isolated bubble."



## Appendix 1

NSPCC (2007) statistics illustrating disclosure of sexual abuse in children



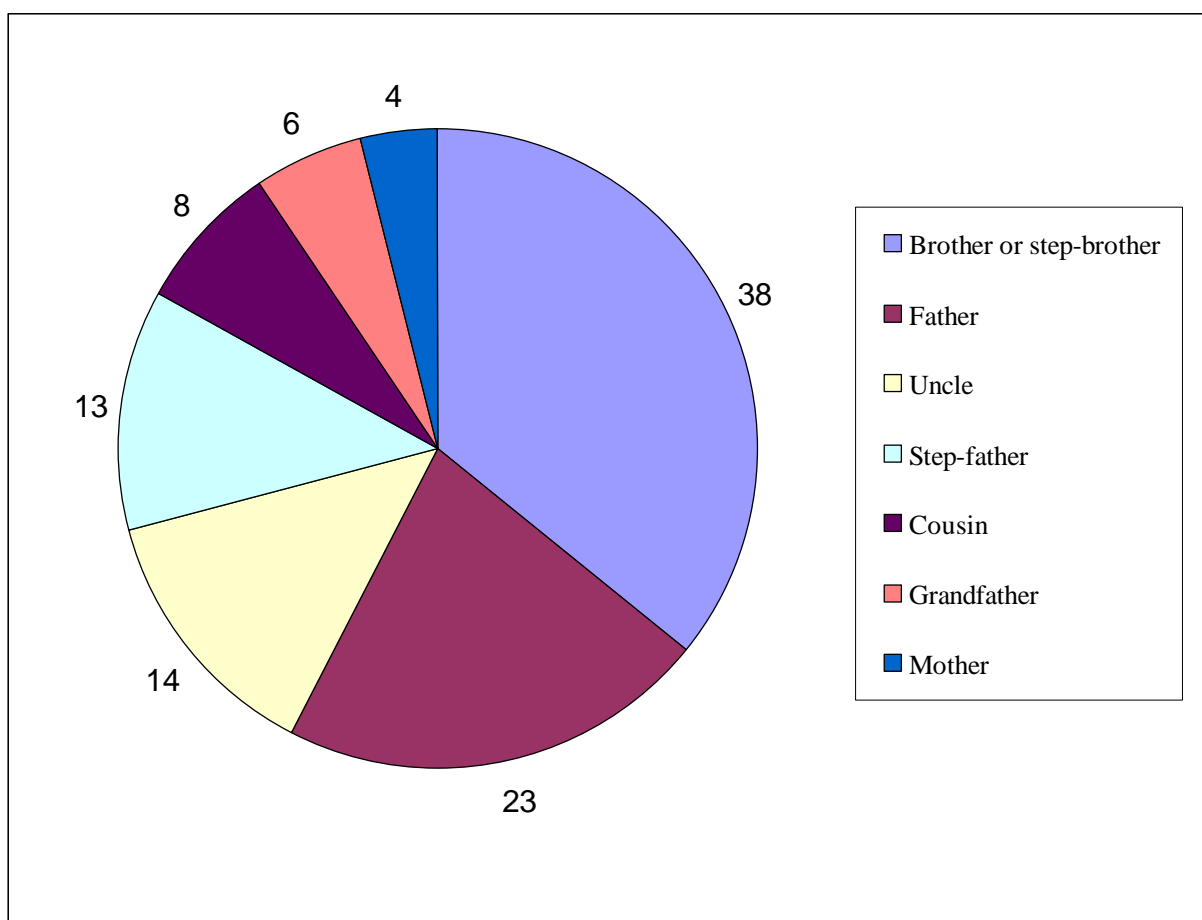
■ Did not tell anyone about the abuse at the time

■ Told someone at a later date

■ Still had not told anyone by early adulthood

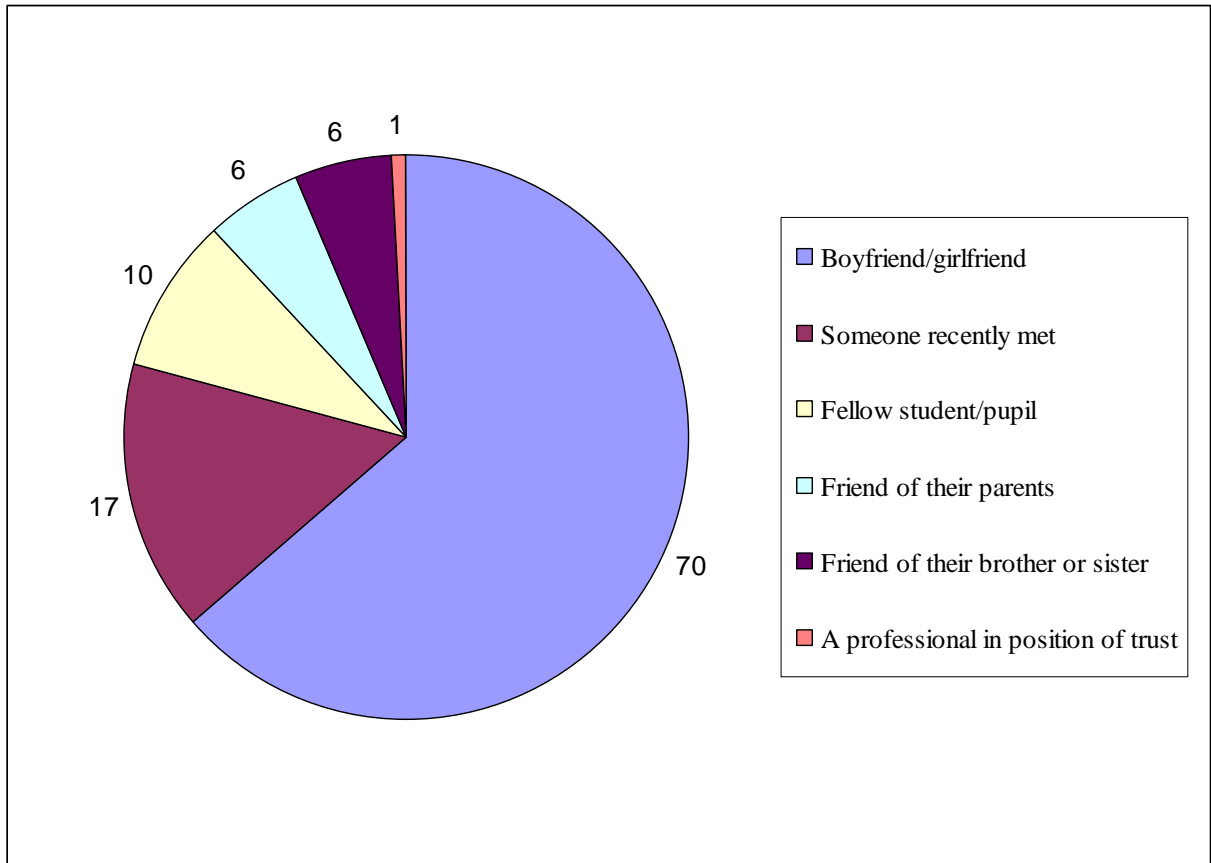
## Appendix 2

NSPCC (2007) statistics illustrating patterns of family relationship of perpetrators to sexually abused children in UK



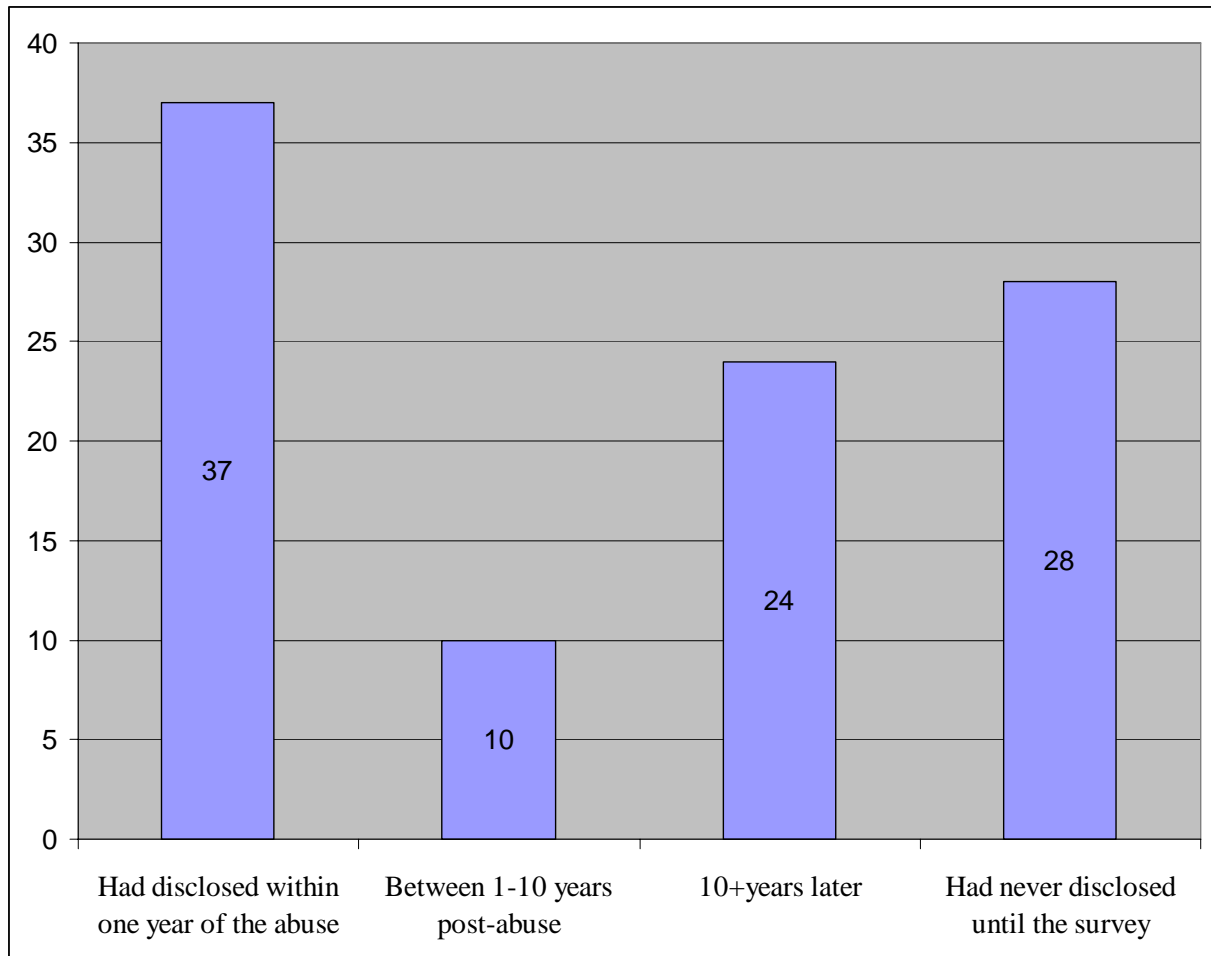
## Appendix 3

NSPCC (2007) statistics illustrating patterns of outside family relationship of perpetrators to sexually abused children in UK



## Appendix 4

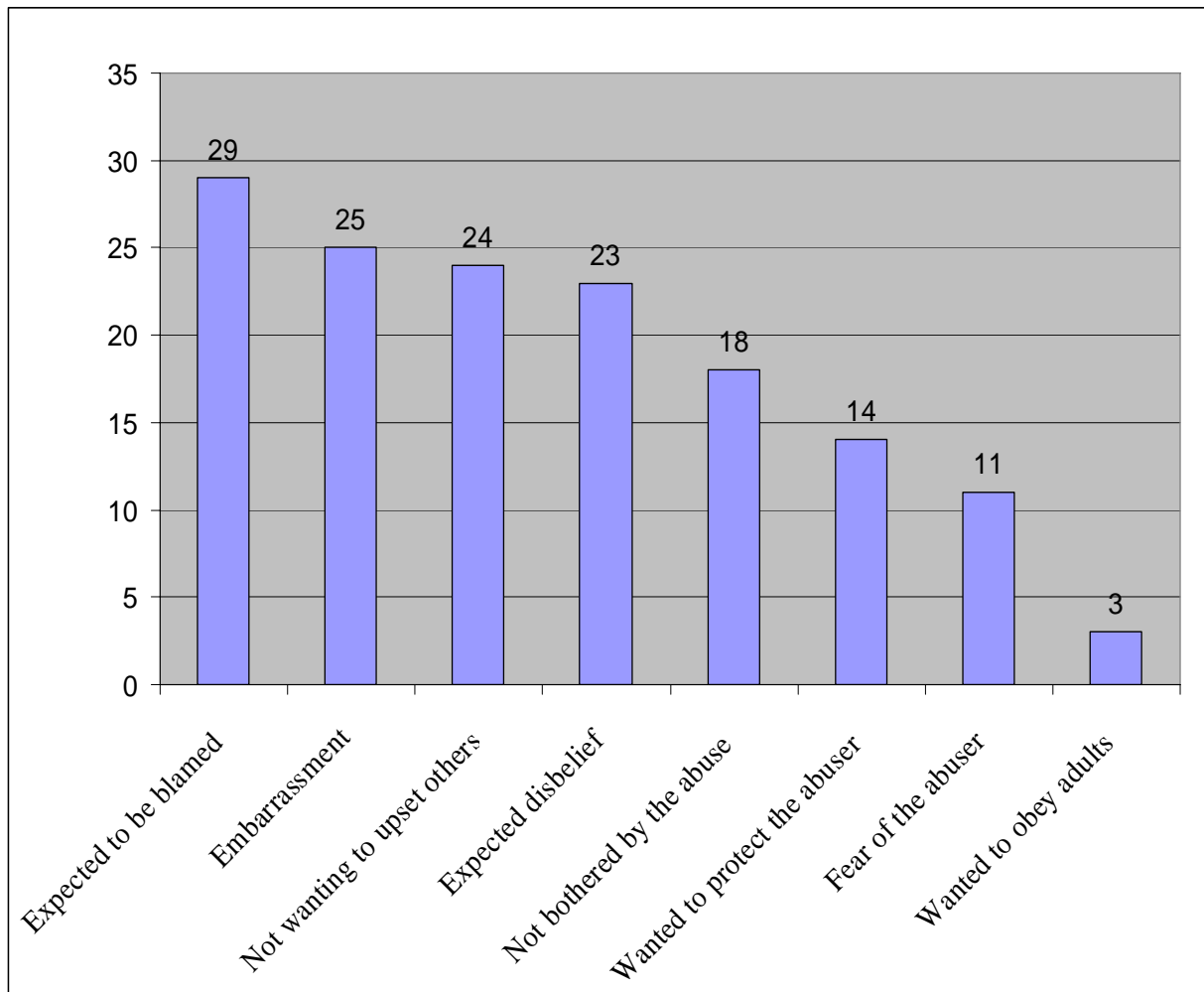
Anderson, Martin, Mullen, Romans and Herbison's (1993) study  
illustrating pattern of disclosure across time in women  
who have been abused as children





## Appendix 5

Anderson, Martin, Mullen, Romans and Herbison's (1993) study  
illustrating reasons for nondisclosure



## The Impact of Keeping the Secret of Childhood Sexual Abuse



As part of my Master's research dissertation which has been ethically approved by the University of Chester, I am currently looking for voluntary participants who are qualified counsellors and have experienced sexual abuse in their own childhood. This research study is looking particularly at the impact of keeping that secret.

If you are interested in taking part in this study I look forward to hearing from you. You can contact me (Lyndsey) on:

Tel: [REDACTED] Mobile: [REDACTED]

Or

E-mail: [REDACTED]

On hearing from you I will then forward further information.

Thank you

## Appendix 7

Dear

Thank you for your interest in volunteering your time to take part in this research study.

My name is Lyndsey and I have studied at The University of Chester for the last five years, completing a Graduate Diploma in Counselling and now near the end of my Master's degree. As you are aware from my advert the aim of my research study is looking at the impact of keeping the secret of being sexually abused in childhood. Your participation will be voluntary and will form part of my dissertation. The research has had ethical approval by the University, and my research supervisor is Anne Le Surf, who can be contacted at The University of Chester, Department of Social and Communication Studies on if need be.

I am interested in exploring with you the impact on yourself as a child and as an adult of keeping the secret. Due to the sensitive nature of this study I will be asking you to choose a different name so you can not be identified, and this will be used in the data analysis and when excerpts from transcripts are used in the dissertation. Your confidentiality will be protected, in keeping with The British Association for Counselling and Psychotherapy Ethical Framework for Good Practice, and The University of Chester Ethical Research Code. This means I will not disclose your identity.

Your participation will require one interview which will be approximately one to one and a half hours long, and will be conducted in a suitable environment to suit both of us. A request is also made to bring any creative material that represents 'keeping the secret' you may have completed in the past, or you want to do prior to the interview. Time will be available to reflect upon the meaning it has for you, this is optional and if agreeable with you I would like to photograph your creative material to use in the dissertation. The interview will be audio-taped and afterwards I will make a word processed transcript of the tape and a copy will be sent to you so that you can reread, check and make any amendments that you feel necessary.

The potential risks this study may have upon you include embarrassment, emotional upset and re-traumatising by potentially making yourself vulnerable in giving account of your personal experience of keeping the secret. To highlight, this is a research interview and not a counseling session and so access to personal therapy is important if needed. The valued information you give will go towards producing the finding for this research dissertation along with other participant's information. Your participation is entirely voluntary and it is your right to stop at any time during the interview or withdraw from this study at any point prior to publication.

Please take time to consider and contact me if you need any clarification. If you are happy to continue, please sign and date the enclosed inclusion criteria and consent form for audio recording and return it to me at the above address in the stamped addressed envelope. I will then contact you to arrange a suitable date and time for an audio taped interview.

May I take this opportunity to thank you again for your time and interest in this research and I look forward to hearing from you.

Yours Sincerely

Lyndsey Smith

Enclosed:

Inclusion criteria form.

Consent form to audio tape record interview.

Stamped address envelope.

The Impact of Keeping the Secret of Childhood Sexual Abuse

Inclusion Criteria for being a participant in a Master's Research Dissertation

Please complete this form and return in the stamped addressed envelope provided.

Please answer the following questions with 'yes' or 'no'.

- Are you a qualified counselor?.....
- Have you experienced sexual abuse in your childhood?.....
- Have you kept your childhood abuse a secret for at least five years before disclosing?.....
- Have you already disclosed your abuse to at least one other person even though you may still be holding secrets from others?.....
- Have you worked through your issues sufficiently, therefore robust enough to take part in this research?.....
- Have you access to personal therapy if needed?.....

Signature.....

Printed Name.....

Date.....

University of Chester  
M.A. in Counselling Studies Research

Consent Form  
Audio Recording of Interview

I.....hereby give consent for the details of written transcript based on an audio recorded interview with me and Lyndsey Smith to be used in preparation and as part of a research dissertation for the M.A. in Counselling Studies at University of Chester. I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by Counselling Tutors and the External Examiner for the purpose of assessment and moderation. I also understand that all these people are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy.

I understand that I will have access to the transcribed material should I wish to and would be able to delete or amend any part of it. I am aware that I can stop the interview at any point, or ultimately withdraw the interview before the publication of the dissertation. Excerpts from the transcript will be included in the dissertation.

A copy of the dissertation will be held in the University of Chester and may be made available electronically. In line with University of Chester regulations the data obtained from the interview will be held by me, the researcher, for a period of five years and then destroyed.

Without my further consent some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure complete anonymity.

Finally I believe I have been given sufficient information about the nature of this research, including any possible risks, to give my informed consent to participate.

Signed [Participant].....

Date.....

Signed [Researcher].....

Date.....

Questionnaire

Please circle which applies to you.

1. What age were you when the abuse started?

0-2 Years	3-4 Years	5-6 Years	7-8 Years	9-10 Years	11-12 Years	13-14 Years	15-16 Years
--------------	--------------	--------------	--------------	---------------	----------------	----------------	----------------

2. How long did the abuse go on for?

1 Occasion	Up to 1 month	1 month - 3 months	3 months - 6 months
6 months – 12 months	1 -2 Years	3 -4 Years	5 Years plus

3. Who were you sexually abused by?

Brother	Neighbor	Female Cousin
Father	Step Mother	Sister
Aunt	Male Cousin	Uncle
Step Sister	A Professional in position of trust	Step Father
Grandfather	Step Brother	Mother
Friend of Parent/Guardian	Grandmother	Stranger /Other

4. How long did you keep the secret for.....

5. Please print a name that you would like to use in order to protect your identity

.....

Questions for interview

1. What was it like whilst you were keeping your secret as a child?
2. How did you manage yourself as a child during the time you were keeping your secret?
3. What did you experience as a child through keeping the secret in your relationships, for example with family, friends, at school and in the neighborhood?
4. Was there a threat held over you not to tell and to keep your secret. If so, can you say what the threat was?
5. Did you ever feel you wanted to disclose your secret sooner, if so what stopped you?
6. How do you manage as an adult keeping your secret?



Discovery Sheet

112 units of meaning that came out of the five transcripts

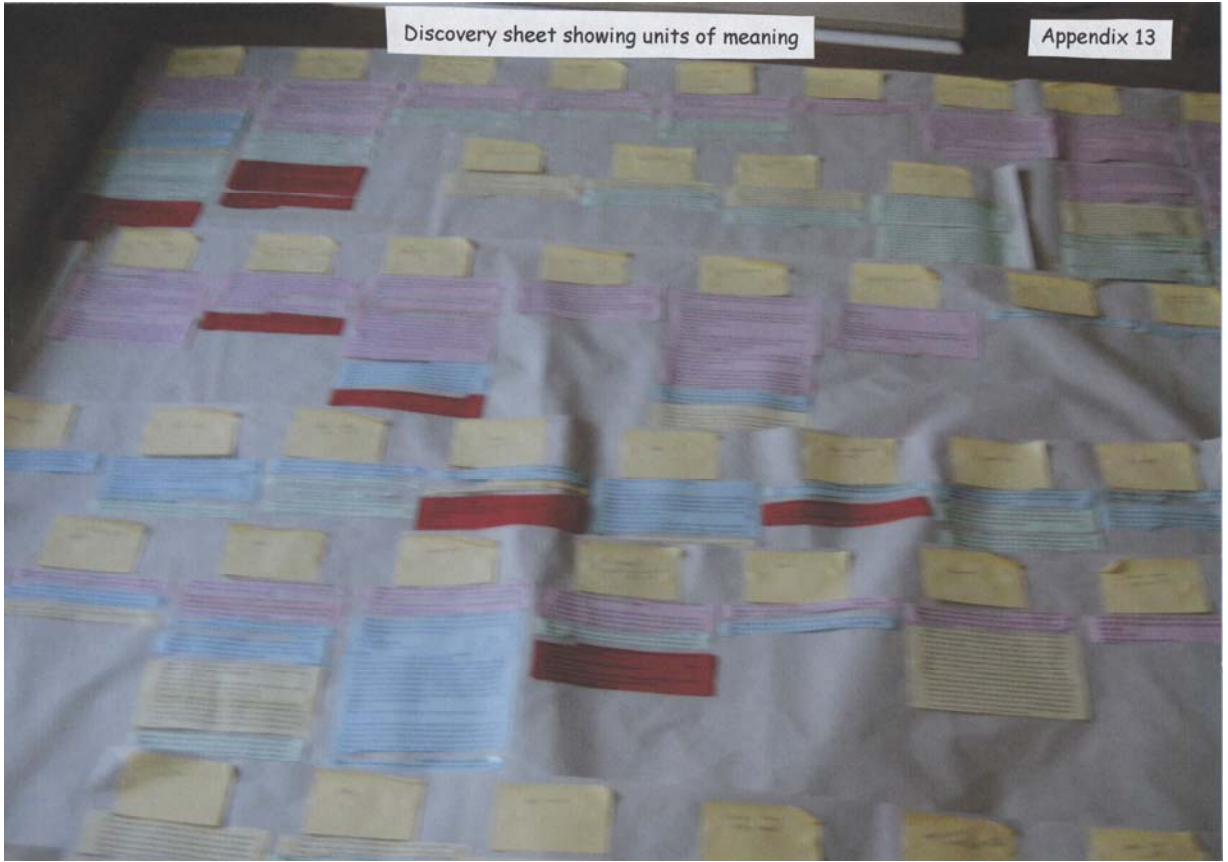
1. Lonely
2. No trust
3. Illness
4. Types of threat
5. Running away
6. Living in own world
7. Shame
8. Broken relationships as an adult
9. Feeling bad
10. Let down
11. Keeping secret as an adult
12. Withdrew from others
13. Did not want to be at home
14. Not talking
15. Being strong
16. Flashbacks
17. Feeling confused
18. Taking risk to tell
19. Did not tell anybody
20. Smiling
21. Different triggers
22. Felt different
23. Never considered telling
24. Searching for parent figure
25. Care home
26. Anger
27. Relationships
28. No friends
29. Feeling sad
30. Wet self
31. Protecting sibling
32. Avoidant
33. At school
34. Re-abuse in adulthood
35. Being good
36. Eating
37. Clingy
38. Breaking the secret
39. Self help books
40. Isolated self
41. Did not know abuse was wrong
42. Shutting down
43. Happy on the outside
44. Stealing

45. Repetitive dreams
46. Wanting to write biography
47. Feeling lost
48. Anxious as an adult
49. Moved homes
50. Moving country
51. Friends/play
52. Keeping secrets not good for your health
53. Consequences of not keeping the secret
54. Told not to tell
55. Self harm
56. Neighbours
57. Introverted
58. Would not tell
59. Feel judged if tell people today
60. Transition in how held information
61. Could not be self as a child
62. Present day
63. No one to tell
64. Self monitor
65. Minimize abuse (felt own fault)
66. No voice
67. Overdose
68. Thought something bad would happen if told
69. Keeping people at a distance
70. Growing up (having boyfriends)
71. Suppressed
72. Signs people might know
73. Nightmares
74. Pleasing
75. Creative work
76. Did not get on with parents
77. Protecting self as an adult
78. Not coping
79. Power
80. Drinking
81. Witnessed abuse at same time
82. Adopted
83. Vigilant
84. Nervous breakdown
85. Protecting abuser
86. Secret keeping different when a young child to when older
87. Parent disclosed own abuse
88. Drugs
89. Thinking will not be believed
90. Being secretive
91. No recollection of abuser saying don't tell
92. Fear
93. Lost childhood

94. Confronted abuser
95. Smoking
96. Talking about their abuse
97. Protecting family from finding out
98. Wanting to tell
99. Questioning self (who's safe)
100. Keeping secret as a child
101. Psychiatric hospital
102. Being left
103. Did not feel like a secret
104. Family
105. Disclosing
106. Not understood
107. Not secret any more
108. Not believed
109. Shutting things out of awareness
110. Feeling frightened
111. Feeling guilty
112. Thinking other members of family would be told

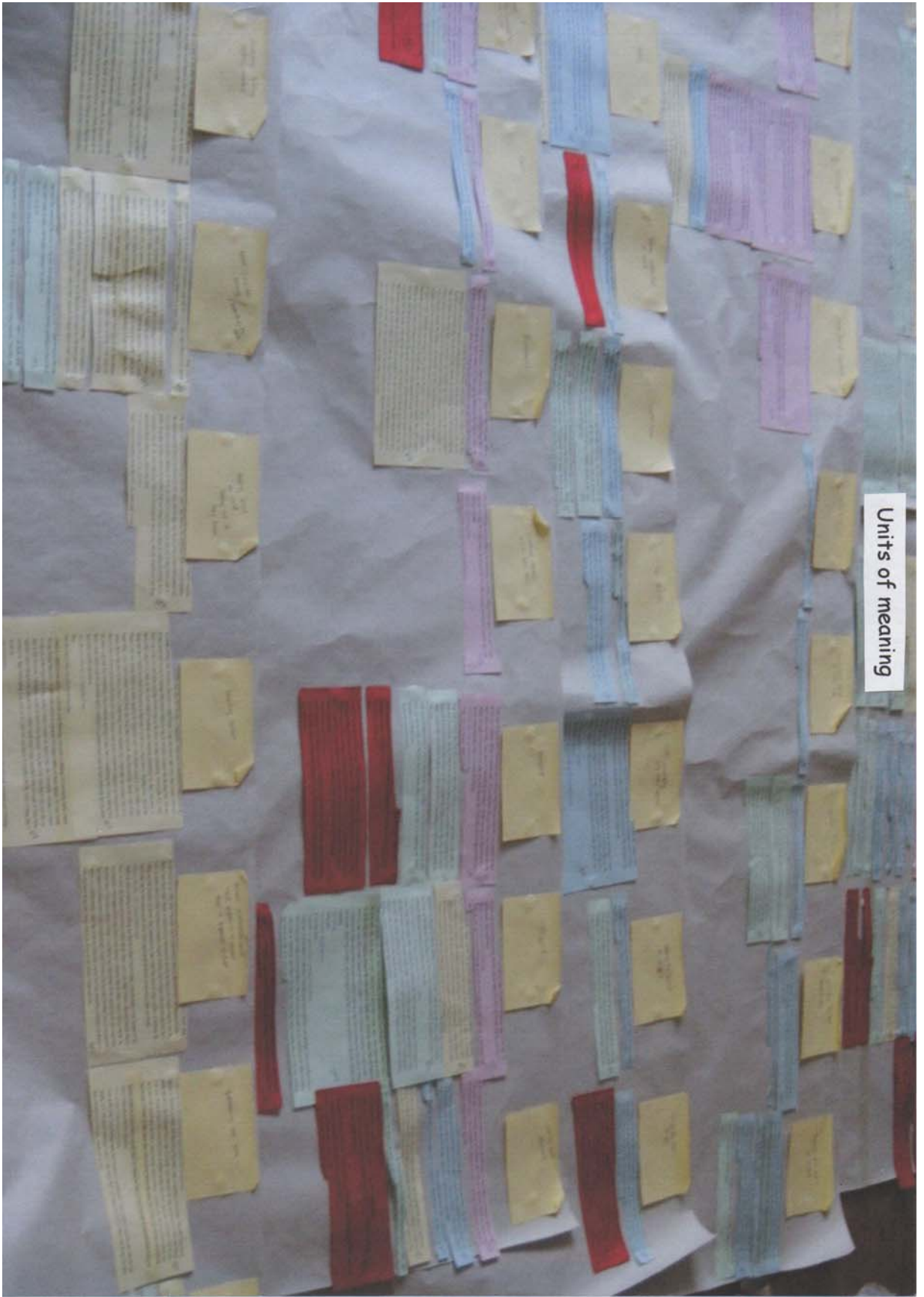
Discovery sheet showing units of meaning

Appendix 13





Units of meaning



Units of meaning



Inductive category coding

30 inductive categories were identified by using a rule of inclusion which contain similar units of meaning within the data.

1. Children keeping secret to protect others.
2. Children would not tell secret.
3. Threats made to children.
4. Feelings in childhood.
5. Children who withdrew or isolated self.
6. Participants' relationships with others as child/adult.
7. Child suppressed secret.
8. Children's thoughts if they told the secret.
9. Participants suffering flashbacks.
10. Illness in adulthood.
11. Participants' creativity work.
12. Children shutting down.
13. Children's reasons for not telling.
14. Children who never considered telling.
15. Moving homes as a child.
16. Children not listened to.
17. Children who wanted to tell.
18. Children who were told not to tell.
19. Having no recollections of abuser saying 'do not tell'.
20. Participants' present day.
21. Participants' future.
22. Keeping the secret as a child.
23. Outside image as a child.
24. Participants' speaking about their abuse.
25. Participants' disclosure.
26. Could not be self as a child.
27. Fearful and wary as a child.

28. Triggers in adulthood.
29. Keeping the secret as an adult.
30. Participants' patterns of behaviour in childhood and adulthood.



Overview of the 112 units of meaning placed within  
the 30 inductive categories.

1. Children keeping secret to protect others.
  - *Protecting abuser*
  - *Protecting sibling*
  - *Protecting family from finding out*
2. Children would not tell secret.
  - *Children did not tell anyone*
  - *Children would not tell*
3. Threats made to children
  - *Types of threats*
  - *Consequences of not keeping the secret*
  - *Power*
4. Feelings in childhood.
  - *Feeling confused*
  - *Feeling frightened*
  - *Feeling lost*
  - *Feeling sad*
  - *Fear*
5. Children who withdrew or isolated self.
  - *Withdrew from others*
  - *No friends*
  - *Introverted*
  - *Lonely*
  - *Isolated self*
  - *Living in own world*
6. Participants' relationships with others as child/adult.
  - *Relationships*
  - *Adopted*
  - *Family*
  - *Did not get on with parents*
  - *Neighbours*
  - *Growing up ( boyfriends)*
  - *Broken relationships as adults*

7. Child suppressed secret.
  - *Suppressed*
  - *Shutting things out of awareness*
  - *Did not feel like a secret*
8. Children's thoughts if they told the secret.
  - *Thinking will not be believed*
  - *Feel judged if tell people today*
  - *Thought something bad would happen if told*
  - *Thinking other members of family would be told*
9. Participants suffering flashbacks.
  - *Flashbacks*
  - *Repetitive dreams*
  - *Nightmares*
10. Illness in adulthood.
  - *Illness*
  - *Self harm*
  - *Overdose*
  - *Nervous breakdown*
  - *Psychiatric hospital*
11. Participants' creativity work.
  - *Participants' creative work*
12. Children shutting down.
  - *Not talking*
  - *Shutting down*
  - *No voice*
13. Children's reasons for not telling.
  - *No trust*
  - *No one to tell*
  - *Did not know abuse was wrong*
14. Children who never considered telling.
  - *Never consider telling*
15. Moving homes as a child.
  - *Moving homes*
  - *Moving country*
  - *Care homes*

16. Children not listened to.
  - *Not believed*
  - *Not understood*
  - *Let down*
17. Children who wanted to tell.
  - *Wanting to tell somebody*
18. Children who were told not to tell.
  - *Told not to tell*
19. Having no recollections of abuser saying 'do not tell'.
  - *No recollection*
20. Participants' present day.
  - *Present day*
  - *Keeping people at a distance*
  - *Anxious as an adult*
  - *Protecting self as an adult*
  - *Confronted abuser*
  - *Not secret anymore*
21. Participants' future.
  - *Wanting to write biography*
22. Keeping the secret as a child.
  - *Secret keeping different when a young child to when older*
  - *Transition in how held information*
  - *Signs people might know*
  - *Keeping secret as a child*
23. Outside image as a child.
  - *Being good*
  - *Smiling*
  - *Pleasing*
  - *Happy on the outside*
  - *Feeling bad*
  - *Feeling shame*
  - *Felt was own fault*
  - *Feeling guilty*
24. Participants speaking about their abuse.
  - *Witnessed abuse at same time*
  - *Talking about their abuse*
  - *Parent disclosed own abuse to child*
  - *Re-abused in adulthood*

25. Participants' disclosure.

- *Taking the risk to tell*
- *Breaking the secret*
- *Disclosing*

26. Could not be self as a child.

- *Lost childhood*
- *Could not be self as child*
- *At school*
- *Friends/play*
- *Felt different*

27. Fearful and wary as a child.

- *Vigilant*
- *Self monitor*
- *Being left*
- *Did not want to be at home*
- *Questioning who safe*

28. Triggers in adulthood.

- *Different triggers*

29. Keeping the secret as an adult.

- *Being secretive*
- *Keeping secret as an adult*
- *Self help books*
- *Keeping secrets not good for your health*

30. Participants' patterns of behaviour in childhood and adulthood.

- *Anger*
- *Stealing*
- *Running away*
- *Avoidant*
- *Wet self*
- *Clingy*
- *Searching for a parent figure*
- *Not coping*
- *Being strong*
- *Drinking*
- *Smoking*
- *Drugs*
- *Eating*

Fourteen provisional propositional statements

Proposition 1: The range of participants' process of keeping the secret throughout their life.

.....

Proposition 2: The participants' various belief systems that maintain keeping the secret.

.....

Proposition 3: The participants' experience of the perpetrators threat and the use of power to maintain the secret.

.....

Proposition 4: The range of individuals that participants seek to protect by keeping the secret.

.....

Proposition 5: The participants' reported process of disclosure.

.....

Proposition 6: The participants' range of reported adaptations to maintain a sense of safety through keeping distance.

.....

Proposition 7: The participants' various reported experiences of shifting to inauthentic senses of self.

.....

Proposition 8: The participants' reported behaviour changes linked to their abuse and having to keep it a secret.

.....

Proposition 9: Participants' individual expression of the experience of keeping their secret.

.....

Proposition 10: The participants' report of their feelings in childhood in relation to abuse and keeping it secret.

.....

Proposition 11: The participants' range of experience of their patterns of relationships through childhood and adulthood.

.....

Proposition 12: The participants' specific reference to their abuse experience.

.....

Proposition 13: The participants' reports of physical illness and psychological distress linked to their abuse experiences.

.....

Proposition 14: The participants' reports of where they are in their process of living with their abuse and how far they still keep the secret.

.....

Overview of the categories of data under 14 provisional propositions

Proposition 1: The range of participants' process of keeping the secret throughout their life.

Coding categories: 22. *Keeping the secret as a child.*

2. *Children would not tell secret.*

7. *Child suppressed secret.*

29. *Keeping secrets as an adult.*

.....

Proposition 2: The participants' various belief systems that maintain keeping the secret.

Coding categories: 8. *Children's thoughts if they told the secret.*

13. *Children's reasons for not telling.*

14. *Children who never considered telling.*

.....

Proposition 3: The participants' experience of the perpetrators threat and the use of power to maintain the secret

Coding categories: 3. *Threats made to children.*

18. *Children who were told not to tell.*

19. *Having no recollections of abuser saying 'do not tell'.*

.....

Proposition 4: The range of individuals that participants seek to protect by keeping the secret.

Coding categories: 1. *Children keeping secret to protect others.*

.....

Proposition 5: The participants' reported process of disclosure.

Coding categories: 17. *Children who wanted to tell.*

25. *Participants' disclosure.*

16. *Children not listen to.*

.....

Proposition 6: The participants' range of reported adaptations to maintain a sense of safety through keeping distance.

Coding categories: 5. *Children who withdrew or isolated self.*

12. *Children shutting down.*

27. *Fearful and wary as a child.*

.....

Proposition 7: The participants' various reported experiences of shifting to inauthentic senses of self.

Coding categories: 26. *Could not be self as a child.*  
23. *Outside image as a child.*

.....

Proposition 8: The participants' reported behaviour changes linked to their abuse and having to keep it a secret.

Coding categories: 30. *Participants' patterns of behaviour in childhood and adulthood.*

.....

Proposition 9: Participants' individual expression of the experience of keeping their secret.

Coding categories: 11. *Participants' creativity work.*

.....

Proposition 10: The participants' report of their feelings in childhood in relation to abuse and keeping it secret.

Coding categories: 4. *Feelings in childhood.*

.....

Proposition 11: The participants' range of experience of their pattern of relationships through childhood and adulthood.

Coding categories: 6. *Participants' relationships with others as child/adult.*  
15. *Moving homes as a child.*

.....

Proposition 12: The participants' specific reference to their abuse experience.

Coding categories: 24. *Participants speaking about their abuse.*

.....

Proposition 13: The participants' reports of physical illness and psychological distress linked to their abuse experiences.

Coding categories: 10. *Illness in adulthood.*  
28. *Triggers in adulthood.*  
9. *Participants suffering flashbacks.*

.....

Proposition 14: The participants' reports of where they are in their process of living with their abuse and how far they still keep the secret.

Coding categories: 20. *Participants' present day.*  
21. *Participants' future.*

.....



Eight provisional propositional statements

Proposition 1: The participants reported various reasons for keeping their secret of childhood sexual abuse.

.....

Proposition 2: The participants use various mechanisms throughout their life to maintain their secret.

.....

Proposition 3: The participants reported various degrees of psychological and physical impact of their abuse and keeping it secret throughout their life.

.....

Proposition 4: The participants reported behaviour changes linked to their abuse and keeping it a secret.

.....

Proposition 5: The participants reported a range of experience in their patterns of relating throughout their life.

.....

Proposition 6: The participants reported various aspects of their process of disclosing their secret.

.....

Proposition 7: The participants reported the long term impact of their abuse and keeping it a secret.

.....

Proposition 8: Participants' individual expression of their experience of keeping their secret.

.....

Overview of the categories of data under 8 provisional propositions

Proposition 1: The participants reported various reasons for keeping their secret of childhood sexual abuse.

Coding categories: 8. *Children's thoughts if they told the secret.*  
13. *Children's reasons for not telling.*  
14. *Children who never considered telling.*  
3. *Threats made to children.*  
18. *Children who were told not to tell.*  
19. *Having no recollections of abuser saying 'do not tell'.*  
1. *Children keeping secret to protect others.*

.....

Proposition 2: The participants use various mechanisms throughout their life to maintain their secret.

Coding categories: 22. *Keeping the secret as a child.*  
2. *Children would not tell secret.*  
7. *Child suppressed secret.*  
29. *Keeping secrets as an adult.*

.....

Proposition 3: The participants reported various degrees of psychological and physical impact of their abuse and keeping it secret throughout their life.

Coding categories: 5. *Children who withdrew or isolated self.*  
12. *Children shutting down.*  
27. *Fearful and wary as a child.*  
26. *Could not be self as a child.*  
23. *Outside image as a child.*  
4. *Feelings in childhood.*  
10. *Illness in adulthood.*  
28. *Triggers in adulthood.*  
9. *Participants suffering flashbacks.*

.....

Proposition 4: The participants reported behaviour changes linked to their abuse and keeping it a secret.

Coding categories: 30. *Participants' patterns of behaviour in childhood and adulthood.*

.....

Proposition 5: The participants reported a range of experience in their patterns of relating throughout their life.

Coding categories: 6. *Participants' relationships with others as child/adult.*  
15. *Moving homes as a child.*

.....

Proposition 6: The participants reported various aspects of their process of disclosing their secret.

Coding categories: 17. *Children who wanted to tell.*  
16. *Children not listen to.*  
25. *Participants' disclosure.*

.....

Proposition 7: The participants reported the long term impact of their abuse and keeping it a secret.

Coding categories: 24. *Participants' speaking about their abuse.*  
20. *Participants' present day.*  
21. *Participants' future.*

.....

Proposition 8: Participants' individual expression of their experience of keeping their secret.

11. *Participants' creativity work.*

.....

A small section showing data under provisional propositional statements

Appendix 20



Four propositional statements

Proposition 1: There are various reasons for keeping the secret of childhood sexual abuse.

.....

Proposition 2: Various mechanisms throughout life were used to maintain the secret.

.....

Proposition 3: There are many long term consequences of abuse and keeping it secret, they are: Psychological and physical impacts, behaviour changes and patterns of relating throughout life.

.....

Proposition 4: There are various aspects to the process of disclosing the Secret.

.....

### Four propositional statements with sub-headings

Proposition 1: There are various reasons for keeping the secret of childhood sexual abuse, they are:

- (1a). Children believed there would be a negative outcome if they disclosed.*
- (1b). Children did not understand that they were being abused.*
- (1c). Children did not know they had a choice to disclose.*
- (1d). Children were specifically told not to disclose the secret.*
- (1e). Specific threats were used to ensure the child's silence.*
- (1f). Children did not disclose abuse in order to protect others.*

Proposition 2: Various mechanisms throughout life were used to maintain the secret, they are:

- (2a). Children use suspicion and monitoring to help them guard their information.*
- (2b). Children repeated in their own mind their reason for keeping their secret.*
- (2c). A child suppressed the experience of abuse out of awareness until memories were triggered in adulthood.*
- (2d). Adults became secretive about personal information.*

Proposition 3: There are many long term consequences of abuse and keeping it secret, they are:

- Psychological impact

- (3a). Children found it very difficult to use their voice.*
- (3b). Children became anxious and hypervigilant.*
- (3c). Children experienced overwhelming affect.*
- (3d). Adults experienced symptoms of Post Traumatic Stress Disorder.*
- (3e). Adults developed psychological illness.*
- (3f). Environmental triggers cause re-experience of the abuse and the linked secret keeping.*

- Physical impact

- (3g). Adults developed physical illness.*

- Behaviour changes

- (3h). Children isolated themselves and withdrew from social and emotional intimacy.*
- (3i). Children used behavioural adaptations to mask their real experience.*

*(3j). Participants used various patterns of behaviour throughout life.*

- Patterns of relating throughout life

*(3k). Children lost their sense of self and developed a sense of themselves as 'different' to their peers.*

*(3l). Participants experienced lasting confusion and uncertainty about their relationships.*

*(3m). Participants experienced negative impact on their relationships with others.*

*(3n). A child experienced negative impact in relationships as a consequence of moving home and country.*

*(3o). Participants are more selective about who they share their information about their abuse with in the present day.*

Proposition 4: There are various aspects to the process of disclosing the Secret, they are:

*(4a). A child desired to disclose the secret of their abuse, but was unable to.*

*(4b). Participants experienced disbelief and misunderstanding from significant others throughout their lives.*

*(4c). Participants did not disclose their secret until adulthood.*

*(4d). A participant desire to tell their secret through biography in the future.*

Overview of the categories of data under the 4 propositions

Proposition 1: There are various reasons for keeping the secret of childhood sexual abuse, they are:

- 8. Children believed there would be a negative outcome if they disclosed.*
- 13. Children did not understand that they were being abused.*
- 14. Children did not know they had a choice to disclose.*
- 18. Children were specifically told not to disclose the secret.*
- 3. Specific threats were used to ensure the child's silence.*
- 19. Some children had no recollection of a specific threat.*
- 1. Children did not disclose abuse in order to protect others.*

.....

Proposition 2: Various mechanisms throughout life were used to maintain the secret, they are:

- 22. Children use suspicion and monitoring to help them guard their information.*
- 2. Children repeated in their own mind their reason for keeping their secret.*
- 7. A child suppressed the experience of abuse out of awareness until memories were triggered in adulthood.*
- 29. Adults became secretive about personal information.*

.....

Proposition 3: There are many long term consequences of abuse and keeping it secret, they are:

- Psychological impact

- 12. Children found it very difficult to use their voice.*
- 27. Children became anxious and hypervigilant.*
- 4. Children experienced overwhelming affect.*
- 9. Adults experienced symptoms of Post Traumatic Stress Disorder*
- 10. Adults developed psychological illness.*
- 28. Environmental triggers cause re-experience of the abuse and the linked secret keeping.*

- Physical impact

- 10. Adults developed physical illness*



- Behaviour changes

- 5. Children isolated themselves and withdrew from social and emotional intimacy.*
- 23. Children used behavioural adaptations to mask their real experience.*
- 30. Participants' various patterns of behaviour throughout life.*

- Patterns of relating throughout life

- 26. Children lost their sense of self and developed a sense of themselves as 'different' to their peers.*
- 24. Lasting confusion and uncertainty about their abuse, abuser and keeping it a secret.*
- 6. Participants experienced negative impact on their relationships with others.*
- 15. A child experienced negative impact from moving home and country.*
- 20. Participants are selective about who they share their information about their abuse with in the present day.*

.....

Proposition 4: There are various aspects to the process of disclosing the Secret, they are:

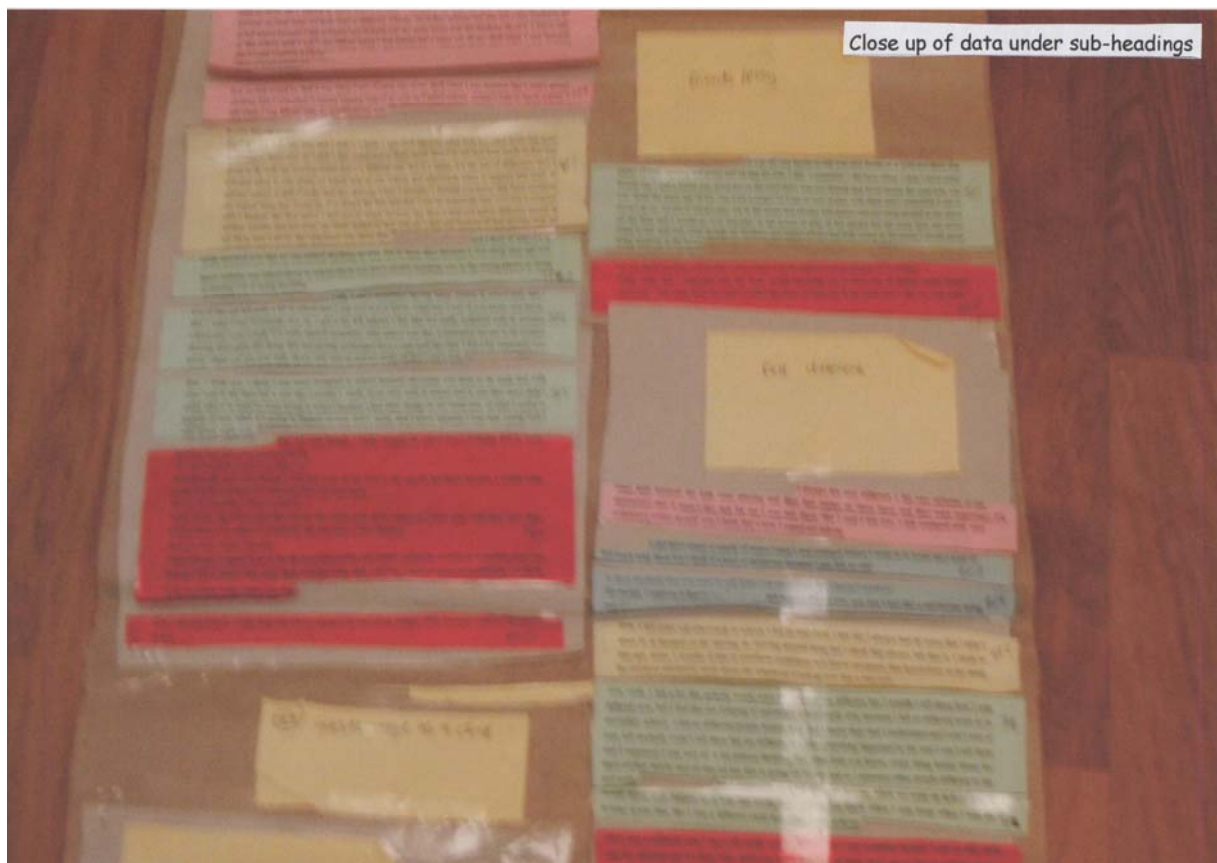
- 17. A child desired to disclose the secret of their abuse, but was unable to.*
- 16. Participants experienced disbelief and misunderstanding from significant others throughout their lives.*
- 25. Participants did not disclose their secret until adulthood.*
- 21. A participant desire to tell their secret through biography in the future.*

.....

A small section showing data of the four propositional statements

Appendix 24





All the quotes from the participants transcripts that were placed under proposition

1

**Proposition 1: There are various reasons for keeping the secret of childhood sexual abuse.**

(1a). Children believed there would be a negative outcome if they disclosed.

*I didn't want to be taken away I didn't want to be put in a home. (Jade, p5)*

*People would presume that I would be lying or something like that they wouldn't have believed me because I was just a kid. (Jade, p7)*

*I thought something really bad was going to happen to me.  
(Jade, p10)*

*I knew if I told my mum then she would tell my dad and I think my sense of my mum, If I told my mum she wouldn't really understand, she would get angry, I think she was quite stressed at the time as well for different reasons. (Gina, p2)*

*It felt necessary to keep the secret, but there was nobody to tell anyway because they were the authority, so who going to believe a child against you know, this aunty and uncle, this family that were running this philanthropic care home for poor children. We would have never been believed it would be pointless.*

*It was very much us against the world because all our parents were not great parents so they were against us. (Ben, p1)*

*We just had to try and support each other, we didn't, we couldn't, but we tried so keeping the secret was dreadful but it was the consequences of not keeping the secret were just intolerable, dread, fear, terror. (Ben, p2)*

*With suppressing it and it been pushed down so much I think that if it had come out much earlier when I was younger I don't know what I would had done really, maybe I wouldn't had told anyone because I wouldn't have thought that anybody would have believed me or as it was nobody believed me.  
(Bernadette, p7)*

(1b). Children did not understand that they were being abused.

*I was seven when the abuse started. I didn't know what it was to be quiet honest.  
I didn't have a clue. I didn't know I was being sexually abused. (Cathy, p1)*

*I didn't know it was abuse. (Cathy, p7)*

*It sounds really stupid because I didn't really know it was wrong what  
was happening, it was just happening and I couldn't tell anybody, but I  
didn't know it was bad. (Jade, p2)*

*Part of it was ok, its attention so better to get horrible attention  
than no attention at all. (Jade, p3)*

(1c). Children did not know they had a choice to disclose.

*It was like my lips were sealed and there was no way they  
were going to be opened to mention anything.  
I didn't even think as a kid to tell anybody.  
(Jade, p2)*

*It never crossed my mind telling anybody, I just kept the secret.  
(Jade, p5)*

*I was so paralyzed with fear of what would happen to my parents if they  
found out and this physical thing I didn't want to happen.  
(Gina, p9)*

*I think probably the first and second time it happened it was so bizarre  
shocking, I was confused, I think I had a probably greater desire or some  
desire to tell at that point but as it went on I felt more and more bad  
about it and more guilty and then didn't want to have anybody to know  
about it. (Gina, p10)*

*We wouldn't talk about it really not in any detail except to ask you know,  
if somebody was alright but we never talk about the detail because it was  
just too difficult (Ben, p1)*

*I think I dream of somebody safe enough to tell but that person was never  
there. (Ben p5)*

(1d). Children were specifically told not to disclose the secret.

*I was told not to tell anybody and he would know if I said anything to anybody and he describe what the physical steps that he would, the physical things he would do if I did tell.*

*(Gina, p9)*

*I was told it was a special secret and I mustn't tell anybody. I was told even when I grow up and if I got married I must never tell anybody because it's a special secret. (Jade, p1)*

(1e). Specific threats were used to ensure the child's silence.

*It was also the kind of power that they could use against all of us. I mean it was sexual abuse but it was sexual abuse with torture.*

*(Ben, p1)*

*There was the threat of increasing the abuse, but it went on every day anyway and they would tell my mother that I had been abusing kids in the home and basically they would blame it all on each other, and any sign of physical abuse would be from the other kids. They said they would tell the police and I would go to a different school which would be even worse, a lot more physical violence as well as sexual abuse. (Ben, p4)*

*The threat was that something worse would happen if I told, and he described what he would do to me if I told. I don't think I can say exactly what it was but it was physical.*

*(Gina, p9)*

*I felt like I carried an internal threat, the bigger threat was if my parents found out, he didn't actually say am gonna tell your parents of you and they will be really angry with you. (Gina, p10)*

*I wanted my mum to stop it and not tell my dad and then I realized that was not possible, so it was the threat that stopped me essentially and then as I kind of thought about it, it would be the impact of my dad that follows quiet shortly after that and that I think was properly the greater power actually than the threat equally. (Gina, p10)*

*I was told never to tell anyone because if I did, my dad would go to prison. I would split the family and I would be put in a home it would all be my fault. (Jade, p6)*

*I didn't really know that prison was a bad place, the thing that I didn't want to happen was my family to be spilt up and I didn't want to be away from my mum, I didn't want to be put in a home, so the threat was so strong over me it was like a dark figure over me, no matter what on this earth you do not break the secret. Holding that threat was probably one*

*of the worse things really in having something that no way can you tell anybody, so you have to keep that. (Jade, p6)*

*You have got that threat in your childhood and the power of it takes over, your just petrified of saying anything, it's been brain washed for years and years. (Jade, p10)*

(1f). Children did not disclose abuse in order to protect others.

*I was protecting my dad even though my dad was the one that did it to me, I didn't want him to get hurt. I'm thinking of my family I don't want then to see him any different because I would be hurting them. (Jade, p10)*

*I was already aware of adults that were unstable vulnerable I was probably trying to protect him. (Gina, p2)*

*It did affect my relationship with my brother because I was absolutely terrified that the same thing would happen to him. I use to make up stories about how bad the next door neighbour house was to scare him. I didn't want him to go in there at all. I would have been mortified if anything had happen to him. It feels really bad to say that's what I did but I couldn't tell him because he was so young and he wouldn't of understood and it would of scare him and he would of gone and told my parents, so I remember thinking the only way, what I need to do is to scare him. (Gina, p6)*